

Jesse Brown Veterans Affairs Medical Center Clinical Psychology Postdoctoral Fellowship Fellowship Information (2021–2022)



Photo of Jesse Brown VA Medical Center building exterior

The **Jesse Brown Veterans Affairs Medical Center (JBVAMC)** is located two miles west of the Loop, Chicago's central downtown district. It is part of Chicago's Illinois Medical District, the nation's largest urban medical district, which also includes Rush University Medical Center, the John H. Stroger Hospital of Cook County, and the University of Illinois at Chicago Medical Center. JBVAMC includes a 200-bed acute care facility and has four satellite outpatient clinics. JBVAMC serves approximately 51,000 Veterans per year and has an operating budget of \$445M, with approximately 2775 employees. JBVAMC offers primary, extended and specialty care and serves as a tertiary care referral center (Level 1B) for VISN 12. The medical center in Chicago is administratively responsible for four satellite outpatients clinics elsewhere in Chicago and in Crown Point, IN. JBVAMC is accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO), with multiple hospital programs also being accredited by the Commission for Accreditation of Rehabilitation Facilities (CARF). Among these CARF-accredited programs are the Pain Clinic and the Psychosocial Rehabilitation and Recovery Center (PRRC), meaning that all psychology fellows at JBVAMC rotate through a CARF-accredited program.

More information about the medical center can be found at its website, which can be accessed at <http://www.chicago.va.gov/>.

Institutional Mission

The mission of the Jesse Brown VAMC is to "Honor America's veterans by providing exceptional health care that improves their health and well-being." JBVAMC pursues this mission through its vision: "To be a patient-centered, integrated health care organization for veterans providing excellent health care, research and education; an organization where people choose to work; an active community partner and a backup for national emergencies." This is consistent with the overall statutory mission of the Veterans Health Administration: 1) to develop, maintain, and operate a national health care delivery system for eligible veterans; 2) to administer a program of education and training for health care personnel; 3) to conduct health care research; and 4) provide contingency support for DoD and Department of Health and Human Services (HHS) during times of war or national emergency.



Photo of Chicago skyline and boats from Lake Michigan during the daytime

Accreditation Status

The JBVAMC Clinical Psychology Fellowship Program is currently under review by the Commission on Accreditation (CoA) of the American Psychological Association for consideration for accreditation. Although there have been delays in our site visit due to the COVID-19 pandemic, we anticipate learning about our site visit date from CoA soon. The program adheres to the guidelines of the Association of Psychology Postdoctoral and Fellowship Centers (APPIC).

More information on accreditation is available from the CoA of the American Psychological Association. The address is:

Office of Program Consultation and Accreditation
Education Directorate,
American Psychological Association
750 First Street NE
Washington, D.C. 20002-4242
202-336-5979
www.apa.org/ed/accreditation

Academic Affiliations

JBVAMC is institutionally affiliated with the University of Illinois at Chicago College of Medicine and Northwestern University's Feinberg School of Medicine. About 250 medical residents and 300 medical students rotate through the medical center each year, receiving training in medicine, surgery, psychiatry, neurology, dentistry, radiology, orthopedics, and more. Additionally, students from nearby academic institutions receive training at the medical center in disciplines such as psychology, nursing, pharmacy, social work, and audiology. Moreover, JBVAMC is one of the most competitive practicum sites in the Chicago area, drawing extern applicants from local American Psychological Association (APA)-approved clinical and counseling psychology programs.



Photo of the Willis Tower and surrounding buildings in Chicago

Nondiscrimination Policy & Diversity Statement

The JBVAMC Psychology Training Programs abide by APPIC's policy on nondiscrimination: "Training agencies have practices which are nondiscriminatory in regard to race/ethnic background, gender, age, sexual orientation, lifestyle, and disabilities." The JBVAMC Psychology Training Programs adhere to Federal Executive Order 13160, "Nondiscrimination on the Basis of Race, Sex, Color, National Origin, Disability, Religion, Age, Sexual Orientation, and Status as a Parent in Federally Conducted Education and Training Programs." In addition to abiding by these non-discrimination policies, the Psychology Training Programs strongly seek and value individuals with diverse experiences and backgrounds as the foundation of a rich training environment. Our program emphasizes respect for trainees, staff members, and patients representing all forms of diversity, and prohibit discrimination based on the aforementioned identities as well as gender identity, marital status, socioeconomic status, Veteran status, indigenous heritage, and political affiliation. All applicants are entitled to equal treatment in the selection process and freedom from discrimination and harassment. The Psychology Training Programs seek to obtain trainees that represent diverse identities, while selecting the most qualified candidates. Individuals with minoritized identities are strongly encouraged to apply. Jesse Brown VA is an Equal Opportunity Employer and our Psychology Training Programs follow all institutional guidelines in this regard.

COVID-19 Related Changes

The COVID-19 pandemic has led to numerous changes since March 2020. While we cannot predict how COVID will continue to shape our work, our environment of care, and our lives, we can say with confidence that the safety of our trainees, staff, and the Veterans we serve, is our top priority. We are consistently working with hospital and national level leadership to follow public health and facility safety and social distancing guidelines, and we are proactively communicating with trainees in real-time as new information and developments become available. With regard to the 2021-2022 training year, we do not anticipate any significant changes to our foundational clinical rotations and training opportunities. We do anticipate that at least some of our clinical services will remain delivered via telehealth, and some of our meetings will likely maintain a virtual attendance option when in-person attendance is not feasible. Additionally, interviews for the 2021-2022 training year will be virtual. We will continue to modify our public materials as new changes become available, and we appreciate your significant patience and flexibility throughout this time.

Chicago Location

Chicago is the third largest metropolitan area in the United States. Chicago is a hub of arts in the Midwest, offers year-round cultural activities, is the home of world-famous architecture, and has dozens of annual festivals. The music and food scene are especially robust. Jesse Brown VAMC is convenient to expressways and public transportation, including buses and trains that offer transportation to and from our building within

several blocks of its entrance. Further information about Chicago is available at www.CityofChicago.org.



Photo of fireworks over the Chicago skyline at night from Lake Michigan

JBVAMC's Patient Population

A Veteran is defined as anyone who has served in the Armed Forces, whether during wartime or peacetime. Veterans commonly eligible for VA services include older Veterans, combat Veterans, disabled Veterans, any Veteran who has experienced a military sexual trauma, OEF/OIF/OND Veterans, and indigent Veterans with honorable, general, or medical discharges

JBVAMC principally serves the Veteran population of Chicago and a portion of Northwest Indiana. The Veterans at the JBVAMC are from various cultural, socioeconomic, and educational backgrounds. We serve predominately Black, African-American, older, and male populations, and a growing number of younger Veterans, female Veterans, and sexual and gender minority Veterans are utilizing our facility's medical services, especially since the wars in Iraq and Afghanistan began. Many Veterans have multiple medical and psychiatric problems and are socioeconomically disadvantaged.

Common psychological problems include combat trauma, sexual trauma, depression, anxiety disorders, bipolar disorder, psychosis, and substance use disorders.

The Psychology Setting

There are over 40 doctoral-level clinical psychologists at the JBVAMC. Most psychologists are administratively organized under the Psychology Service, which is part

of the Mental Health Service Line. A majority of JBVAMC's psychologists are active participants in the training program at some level. Many of the psychology supervisors have faculty appointments in the Department of Psychiatry at the University of Illinois College of Medicine at Chicago or at Northwestern University's Feinberg School of Medicine, and a growing number of psychologists are board certified or are currently pursuing board certification.

The Psychology Fellowship Training Program is one of three related but separately organized psychology training programs at the JBVAMC. The fellowship is coordinated by the Director of Psychology Training (DoT) who also has responsibility of the management of the internship and externship programs.

The psychology training program at JBVAMC also has a longstanding practicum (externship) program for doctoral level graduate students in psychology. Approximately 8–11 externs participate in this program each training year, which generally runs from July to June. Externs receive highly supervised training in one or two focal clinics or areas of practice, including: the PTSD Clinic, the Day Hospital Program, Inpatient Psychiatry, the Addiction Treatment Program, the Drug Dependence Treatment Clinic, the Transition Care Management Clinic, and Health Psychology.

JBVAMC also has a predoctoral internship training program that has been continuously accredited by APA since 1979, and its activities predate that time. Information about each of the training programs can be found on this website:

<https://www.chicago.va.gov/about/psychresidency/psychology.asp>



Photo of fall foliage at Graceland Cemetery in Chicago

Program Aims and Outcomes

The fellowship program directly aims to accomplish the education/training missions of VA and JBVAMC specifically by providing a mechanism by which to train future psychologists at an advanced level. Notably, VA trains more psychologists nationally than any other single entity; JBVAMC's fellowship program furthers this interest by providing licensure-terminal clinical training to fellows who are likely to become future VA healthcare providers. Indirectly, the clinical services provided by our postdoctoral fellows contribute to the overall healthcare delivery within VA and, when appropriate, its clinical research missions. The research literature also robustly suggests that the presence of an active psychology training program increases psychology staff job satisfaction and department morale, which directly addresses JBVAMC's vision.

Within this context, the aim of the JBVAMC Psychology Fellowship Program is to train aspiring psychologists in the knowledge, skills, and abilities necessary to meet advanced practice competencies in psychology and to operate as independent professional psychologists in a broad variety of settings upon the culmination of their training. The structure of the program targets competencies that are essential to meeting this aim.

The outcomes desired include the following:

1. Fellows will develop independent practitioner competence and proficiency in general psychological practice, as demonstrated by competence in the domains of psychotherapy, assessment, and consultation.
2. Fellows will develop competence in the integration of scholarly inquiry/clinical science and professional clinical practice, as demonstrated by competence in empirically-supported methods and critical evaluation of clinical science data.
3. Fellows will demonstrate professional behavior consistent with the professional standards and ethical guidelines expected of psychologists by their discipline's norms, as demonstrated by responsiveness to diversity factors as they relate to interpersonal professional interactions and by manifesting characteristics that advance the perception of psychology as a discipline worthy of the public's trust.
4. Fellows will develop a high level of interpersonal insight and openness to criticism, as demonstrated by commensurate behaviors exhibited in supervision and insight-oriented behaviors manifested in interactions with supervisors, peers, and supervisees.
5. Fellows will complete the fellowship with training, knowledge, and proficiencies consistent with that required for licensure.

Program Administration

The program is principally administered by the Director of Training (DoT) for Psychology. The DoT is officially granted 80% of time mapped to administrative duties related to management of the various psychology training programs. The DoT reports administratively to the Chief of Psychology.

The responsibilities of the DoT involve the direct oversight of all administrative and programmatic resources and functions of all three psychology training programs. This includes all organization, implementation, direction, and evaluation of the programs' operations, including supervisory training, program evaluation, trainee recruitment and selection, recordkeeping, technology development, and compliance, among other duties. More generally, these duties include both day-to-day operations and issues pertaining to the long-term strategic growth and development of the training programs. The DoT also develops and coordinates the didactic programming for all trainees and staff, with a focus on providing high-quality empirically based psychological services within the context of the veteran population. Pursuant to the authority delegated by the Chief of Psychology, the DoT has direct supervisory responsibility over all trainees and is tasked with ensuring that policies relating their conduct and training are established and followed. These policies include those specific to the training programs (i.e., those at the DoT's immediate authoritative discretion) and those pursuant to APA, the Association of Psychology Postdoctoral and Internship Centers (APPIC), VA, and facility guidelines and standards. The DoT is also responsible for ensuring adherence to laws and standards devolving from the fact the training programs coordinate healthcare in two different states (viz., Illinois and Indiana). The DoT continuously collects and analyzes data on all aspects of the training programs for the purposes of quality assurance, policy adherence, program improvement, and accreditation.

The DoT is an ex officio member of the Psychology Training Committee (PTC) and its Postdoctoral Fellowship Subcommittee (PFS). The PTC and PFS are advisory bodies that meet approximately monthly to discuss training issues and to provide advice to the DoT on changes that could improve the effectiveness and functioning of the training programs (generally and specific to the fellowship program, respectively). The membership of the PFS consists of the DoT and the clinical supervisors and seminar leaders in the fellowship program. Members of both entities are asked to take a lead in organization and implementation of various programmatic activities. PFS members participate in the recruitment and selection of fellowship program candidates; they also assist the DoT in the aggregation of evaluation ratings, as described elsewhere in this self-study. The PTC also includes voluntary membership of at least one postdoctoral fellow, with more being accommodated if logistically possible.

Membership of these postdoctoral fellow members is allocated proportionately based upon interest level within each cohort. Fellow membership in the PFS occurs in parallel. Fellow members of either body have full participatory privileges except during discussions of fellow performance, at which point all fellows are excused from the meetings.



Photo of Garfield Park in Chicago

Training Model and Program Philosophy

The fellowship program's training model encompasses both experiential and didactic components. The fellowship program's supervising staff provide intensive training experiences to the psychology fellows within a scientist-practitioner model. A multi-pronged training model is employed, reflecting our belief that clinical skills are best developed through the intersection of experiential training (characterized by close supervision, modeling, and guidance from experienced clinical psychologists) with focused scholarly training. Clinical training occurs within the context of specific program areas or "rotations." During each rotation, fellows develop clinical skills in areas of assessment, consultation, and/or treatment, among others, with attention to the specific needs of the population at hand. Supervising staff teach empirically validated treatment modalities and integrate graduated levels of clinical skills and clinical responsibilities throughout the fellow's rotation to assure the fellow's knowledge, skills development, and general professional growth. Whereas some of our staff members are involved in direct research, all staff members are dedicated to educating fellows within a scientist-practitioner model. Rather than focusing on any one specific theoretical orientation, fellows are encouraged to develop critical thinking skills and sound theoretical conceptualization skills, while integrating scientific and scholarly knowledge with current practice. Fellows learn the value of various interventions and conceptualizations and exercise flexibility in the delivery of their clinical services.

The fellowship program differs from other psychology programs at the JBVAMC in several important ways. First, the fellowship program focuses on training in advanced

competencies, which reflects both the most complex level of training that is provided to trainees at this stage of development and the higher expectations for their performance (as reflected in our evaluation standards for postdoctoral fellows relative to, for example, predoctoral interns). Moreover, the relationship between supervisors and fellows appears more collegial and reflects the higher level professional relatability between fellows and supervisors (i.e., akin to an entry-level clinician status), which is further reflected in fellows' establishing a formal mentorship relationship with another staff member.

The fellowship training program regards psychology fellows' actual duties (in contrast to clinical responsibilities) as reflective of those of a fellow as opposed to a full staff member; the consequence of this is a determination that training needs of the fellows remain the paramount consideration when determining the fellows' activities in the program. At no time are fellows' needs for clinical training subordinated to the agency's need to generate revenue nor does fellow productivity significantly substitute for the delivery of services by the staff. The fellows' service delivery activities are predominantly learning-oriented across all opportunities for clinical exposure, experiential learning, discussion and application of clinical intervention, and supervision.

These boundaries between training and revenue generation are maintained via several mechanisms. First, rotational assignments are determined based upon clinic appropriateness and the availability of staff members to provide meaningful training experiences and supervision, not upon the productivity needs of the clinic where the rotation might take place. Second, whenever practically possible, the medical center does not bill for services rendered by Fellows. Third, questions of appropriate productivity are, instead, addressed by members of the training staff in discussion of the fellows' training needs and goals, rather than with service line or facility leadership. Fourth, statements by supervisors that appear to include a discussion of a clinic's or clinician's productivity within the context of a fellow's clinical training responsibilities are immediately addressed by the Director of Training with the clinician who appears to be blurring these boundaries, and separation of these two domains are thereupon explicitly enforced.

In support of maintaining a training program that assigns service-delivery activities in a learning-oriented way, we strictly limit the fellowship to 40 hours per week so fellows have time to complete other self-care tasks, to spend time with their families, partners, and friends, and to pursue personal interests.

Training Program Overview and Structure

All fellows are required to attend seminars that cover professional topics selected to enhance skills in treating the veteran population, as well as to provide breadth to the training experience. Professional development is reinforced and honed through individual supervision, group supervision, mentorship, and specific seminar topics. Pertinent articles are presented or discussed to encompass current research, theoretical issues, and empirically validated research and to increase awareness of current clinical and political

trends in the field of psychology. An appreciation of the cultural strengths and heritage of military or veteran populations is encouraged.

Approximately 85% of a fellow's time is dedicated to clinical activities. Although the exact amount of time that reflects direct clinical care will vary depending on the fellow's exact clinical duties, a reasonable expectation for this activity is approximately 60% of the fellow's overall time. The activities comprising the other 25% of this clinical time may include team meetings, program development, documentation, and supervision, among others.

The remaining 15% of a fellow's time is dedicated to seminars, journal club, research or administrative experiential activities, or other ancillary learning experiences. The overall allocation of time may be modified through collaborative discussion and agreement among the fellow, the clinical supervisors, and the Director of Training.

Program Tracks

Our postdoctoral fellowship training program is a traditional practice program in clinical psychology. The program focuses on achieving advanced clinical and professional knowledge and skills relevant to independent practice in clinical psychology in a variety of clinical settings. The fellowship has two emphases ("tracks") based on diagnostic focus to which candidates specifically apply:

PTSD-SUD-Pain Track—2 positions

The two **PTSD-SUD-Pain Track** fellows receive interprofessional education (IPE) in the treatment and assessment of post-traumatic stress disorder (PTSD), pain, and substance use disorder (SUD). Fellows develop competencies in clinically addressing these diagnoses using empirically based practices (EBPs), with comorbidity among these diagnoses being an emphasis.

SMI Track—1 position

The one **SMI Track** fellow receives interprofessional education (IPE) in the assessment and treatment of severe mental illness (SMI), including schizophrenia-spectrum disorders and severe, chronic mood disorders. The assessment and treatment of clinical conditions characterized by psychosis are emphasized. The fellow will develop competencies in clinically addressing these diagnoses using empirically-based practices (EBPs).

Significant didactic training generally applicable to competency in psychology and related disciplines is provided to residents regardless of emphasis.

Rotational Structure/Learning Opportunities

Experiential Clinical Rotations

PTSD-Pain-SUD Emphasis

Fellows are assigned to half-time clinical training within a PTSD-focused clinic across the training year. Moreover, fellows should be prepared to dedicate at least 4 hours per week throughout the year to deliver telehealth care to our affiliated community-based outpatient clinics (CBOCs), as part of this PTSD-focused training experience or the other activities described below. The remainder of the fellows' clinical activities is derived from experiences in the Pain Clinic and clinics focused on SUDs—in particular, the Substance Abuse Residential Rehabilitation Treatment Program (SARRTP). Each of these two groups of rotations (pain and SUD) serves as a half-time rotation for a six-month period. However, given the extensive overlap between PTSD, SUD, and pain that exists at our facility, fellows will likely be assigned cases throughout the year that substantially reflect these comorbidities and require collaboration in all three types of clinics simultaneously. The rotation divisions are established to ensure that appropriate time is reserved in each clinic for specialty-focused training. Clinical opportunities include the following: in the PTSD Clinic, conducting PTSD assessments, providing individual Cognitive Processing Therapy and Prolonged Exposure therapy, and facilitating group therapy; in the Pain Clinic, conducting pain assessments and facilitating CBT as well as ACT for Chronic Pain group therapy; and in the Substance Abuse Residential Program, conducting screening assessments and providing both individual and group Motivational Interviewing and CBT for SUD therapy. The opportunity to supervise more junior trainees and to conduct training seminars will be integrated into some of these experiences.

SMI Emphasis

The fellow is assigned to half-time clinical rotations within the Mental Health Clinic and the Psychosocial Rehabilitation and Recovery Center with additional opportunities to provide care in acute treatment settings, such as the Inpatient Psychiatry Unit and the Psychosocial Residential Rehabilitation Treatment Program.

The Psychosocial Rehabilitation and Recovery Center (PRRC) provides a therapeutic and supportive learning environment for veterans with SMI that is designed to maximize functioning in all domains of recovery. The PRRC serves veterans with schizophrenia, schizoaffective disorder, severe, chronic mood disorder, and severe, chronic PTSD who experience serious psychiatric symptoms or any serious impairment in functioning. The PRRC's services include individual recovery planning, individual psychotherapy, and psychoeducational groups focusing on symptom management, coping skills, and life skills, as well as community reintegration work. During the 12-month rotation in the PRRC, the fellow serves as the primary clinician for assigned PRRC members, providing individual therapy and community reintegration services, as well as group services to all PRRC members. The fellow has the option to receive specialty training in Cognitive

Behavioral Therapy for Psychosis (CBTp). In addition, the fellow will serve as liaison to the residential SMI treatment unit, and as part of this role, provide bridge service in individual and group settings for veterans who may be referred to the PRRC after finishing residential treatment.

The Mental Health Clinic (MHC) rotation consists of many opportunities involving assessment, individual psychotherapy, multi-disciplinary team consultation and treatment planning, and psychoeducation. Although the focal population within this rotation will be veterans with SMI, other diagnostic populations may also be seen to support the fellow's overall training in certain interventions and assessment instruments. Training in specific modalities of treatment (e.g., Cognitive Therapy, Cognitive Processing Therapy for PTSD) will be offered, and fellows are expected to develop flexibility in terms of their orientations toward patient conceptualization. The active management of patients with SMI and crisis management are common activities in MHC. Taking an active role in case management will also be central to the fellow's experience. Finally, fellows are expected to participate in the supervision of interns or externs as part of this rotation.

Didactic Seminar Series

Fellows attend weekly one-hour didactic seminars. Topics are chosen for their clinical and professional development relevance. These seminar series are part of an interprofessional opportunity offered in conjunction to Addictions Fellows from the University of Illinois at Chicago and Northwestern University Feinberg School of Medicine. The Substance Use Disorder Seminar Series focuses on the theory and conceptualization of substance use disorder (SUD), motivational treatment for SUD, and behavior therapy for SUD. This series is integral to the program's competencies with regard to scholarly inquiry/integration of science and practice and psychotherapy, and it reflects an area of general interest, especially given the predominance of SUD in JBVAMC's patient population. In addition to this series, Fellows will receive didactics on suicide prevention, threat assessment, health disparities, and issues of diversity and minority health.

Fellow Professional Consultation Group

Fellows also participate in a 60-minute professional development consultative group every week, facilitated by the DoT. This is a principal forum for fellows to consult among each other on challenging cases and to discuss timely professional development issues in a semi-structured manner. Recent topics have included transitioning from a fellow role into a colleague role, models of supervision, cultural humility in supervision, preparing for the EPPP, job searches, effective CV writing, becoming a supervisor, and managing challenging relationships with supervisors.

Administrative Project

Each fellow is required to complete an administrative project during their training year. This project can be related to program development, program evaluation, or performance

improvement and will be developed within one of their areas of clinical emphasis and based on an area of interest. The project will be developed with support and oversight of the relevant clinical supervisor or Program Manager with administrative support provided by the DoT. With approval, choosing to become actively involved in an existing project is also an option. The fellow is expected to complete a brief project proposal by the end of the first quarter, which will be submitted to the DoT and the supervising psychologist. Fellows are also expected to provide a formal 45 minute presentation on their project to psychology staff and trainees at the end of their training year.

Mental Health Journal Club

Fellows also attend a 60-minute monthly Mental Health Journal Club, where the discussion of scholarly articles disseminated the prior week is facilitated by a member of a mental health program. Fellows are each expected to select an article and act as the discussant at least once during the training year, which refers to our competency areas in professional comportment and scholarly inquiry.

Other Professional Development Activities

Fellows can voluntarily sign up to make presentations to the internship and externship cohort throughout the year, as well as to other medical center groups upon request. Fellows are also invited to join the Diversity Committee, the Psychodynamic Consultation Group, and the Data Analysis Club, and they can join facility work groups and committees, such as the Jesse Brown for Black Lives Task Force or the LGBT Health Work Group if interested. Fellows also attend monthly 60-minute psychology staff meetings and clinic team meetings based on their clinical rotations.

Length of Program

The fellowship program is a full-time program requiring a one-year commitment by the fellows. Notwithstanding normal leave use and FMLA-equivalent periods of extended leave, fellows must complete 52 weeks of training consecutively, for a total of 2080 hours (as measured by timecard entries over that span). Fellows typically work 40 hours per week. Part-time positions are not offered. Periods of absence not covered by normal leave use need to be approved as much in advance by the DoT as is practically possible; such requests will be considered within the context of the degree to which they can be incorporated into an appropriate postdoctoral fellowship curriculum while still meeting the program's aims and objectives, while also being logistically feasible. Fellows should not assume that such requests will automatically be approved.

Elaborated Descriptions of Clinical Rotations

The rotational settings to which the fellows are assigned per the aforementioned rotational structure are elaborated upon below. Please note that the descriptions cover common training experiences within that setting, although these may change somewhat with regard to clinic staffing and patient-care needs.

POST-TRAUMATIC STRESS DISORDER CLINICAL TEAM (PCT):

Primary Supervisors:

- Justin Greenstein, Ph.D., PTSD Clinic Program Manager, PTSD Clinic Psychologist Justin.Greenstein3@va.gov
- Ellen Koucky, Ph.D., Acting Military Sexual Trauma Coordinator, PTSD Clinic Psychologist Ellen.Koucky2@va.gov

Additional PTSD Clinic Staff:

- Kat Cline, Psy.D., Evidence-Based Psychotherapy Coordinator, PTSD Clinic Psychologist Kathryn.Cline2@va.gov
- Eric Glessner, LCSW, PTSD Clinic Social Worker Glessner, Eric.Glessner@va.gov
- Eric Proescher, Psy.D., Program Manager VITAL Program, Alternate Program Manager Transition and Care Management, PTSD Clinic Psychologist Eric.Proescher@va.gov
- Elizabeth “Libby” Stevens, Ph.D., PTSD Clinic Psychologist Elizabeth.Stevens2@va.gov
- Sonia Wisniewski, APRN, PTSD Clinic Advanced Practice Nurse Sonia.Wisniewski@va.gov

The PTSD Clinical Team (PCT) is a specialty outpatient treatment program that provides evidence-based trauma-focused therapy for veterans who are diagnosed with PTSD from any traumatic event experienced in their lifetime. The PCT serves veterans of all eras and addresses a variety of military and non-military-related traumatic experiences, including combat, sexual assault, accidents, and more. The primary goal of the PCT is to assist veterans in progressing in their recovery from PTSD and reclaiming the life that they want to have. The methods most commonly used to help veterans reach this goal include delivery of evidence-based psychotherapy for PTSD and other forms of psychotherapy in individual and/or group format.

The population served by the Jesse Brown VA Medical Center’s PCT has complex needs that often include daily stressors in addition to PTSD. Comorbidity is the rule rather than the exception and substance use disorders, mood disorders, anxiety disorders, and more are often diagnosed in addition to PTSD. Rates of poverty, unemployment, and homelessness are also high among the client population and add opportunities to gain a broad experience with typically underserved groups in addition to the rotation’s focus on learning and implementing evidence-based psychotherapies.

Fellows working in the PCT are a valued component of an interdisciplinary staff that includes psychology, social work, and nursing. The PCT meets weekly for case consultation and discussion of administrative issues. Clinical activities during this rotation are flexible and can be determined through discussion with supervisors by a combination of the fellow’s interest and clinic need.

A basic organizing structure for a typical rotation example includes the following:

Assessment: Fellows generally conduct diagnostic assessment interviews. The referrals may include a mixture of clients referred specifically to the fellow for ongoing individual psychotherapy, those referred to PCT with a lack of diagnostic clarity, and those referred for consultation related to their experience of military sexual trauma. In addition to clinical interviewing, these referrals include opportunity for gaining experience using the Clinician-Administered PTSD Scale (CAPS-5) and a variety of self-report measures of psychopathology (e.g. PCL-5, PHQ-9, BAM, etc.).

Individual Psychotherapy: Fellows typically carry several individual cases during their PCT rotation. Each fellow on this rotation is intended to receive training and consultation in evidence-based psychotherapy with opportunities for Prolonged Exposure therapy (PE), Cognitive Processing Therapy (CPT), as well as other trauma-focused therapies. Each fellow can anticipate gaining diverse experience of working with veterans of different eras, trauma types, gender, and cultural backgrounds. As not all veterans elect to participate in either PE or CPT, there are also opportunities to work with veterans who are struggling with motivation to change, and to use more basic skill-building and supportive approaches in addition to delivery of evidence-based psychotherapies.

Group Psychotherapy: Fellows can gain a wealth of group psychotherapy experiences during the PCT rotation. Fellows typically select multiple groups that they will co-facilitate along with another staff member. Each fellow is encouraged to participate in the introductory psychoeducational group for clients who are new to PCT. This training opportunity uses a structured agenda to educate about PTSD and available treatment options. This is an ideal opportunity for fellows who are relatively new to facilitating a group and frequently assists fellows in building their confidence and comfort in group settings. Fellows have the additional option of creating their own group in collaboration with a supervisor to add a new offering to assist veterans who seek services with the PCT.

In addition to the above offerings, fellows will spend weekly time in team meetings and supervision of both their individual cases and groups. Adequate time is allotted for documentation as well as special projects taken on by the fellow such as learning a new assessment instrument, creating a new group curriculum, or longer session times (e.g., 90-minute individual sessions to conduct PE).

CHRONIC PAIN CLINIC

Supervisor: David Cosio, Ph.D., ABPP, david.cosio2@va.gov

Required activities in this rotation include supervision, participation in Pain Education School, group psychotherapy, individual assessment, Alphastim electrical stimulation therapy, and administrative time.

The fellow assigned to this rotation will have the following training opportunities:

- **Conduct initial assessments with all new patients in the Pain Clinic.** The fellow will meet with patients scheduled in the Pain Psychology Clinic to undergo initial assessments. The assessment includes a past and present history of pain management and inpatient/outpatient mental health/addictions history. Health behaviors are also assessed to determine which of 28 different pain treatments available at the JBVAMC are appropriate for referrals. Fellows will then present cases to the psychologist using a medical model. All paperwork is required to be entered within 24 hours.
- **Learn about the multidisciplinary team through consultation and liaison services.** The fellow will have the opportunity to observe the psychologist in the Pain Clinic maintain discussions and collaborate with other disciplines in the hospital that deal with pain patients. The fellow will also attend the Pain Clinic Interdisciplinary meeting held weekly to observe how a multidisciplinary team discusses cases and creates continuation of care plans. The fellow will also present topics during that meeting at least once during his or her rotation. The fellow may also have the opportunity to shadow other providers in the Pain Clinic, including pain physicians, pharmacist, and the osteopath.
- **Co-facilitate psychotherapy groups.** The fellow will be expected to co-facilitate a group with the psychologist. The fellow will be offered a combination of groups, including the PTSD and Pain CBT Group and the Pain CARF ACT Group (when available). The PTSD and Pain CBT Groups are 12-weeks long for 1 hour/week. The Pain CARF ACT Groups are 10-weeks long for 1 hour/week when there are patients participating in the 12-week CARF-accredited Interdisciplinary program. The fellow will be expected to be prepared each week with the group lesson.
- **Learn about other pain modalities in Pain Education School.** Pain Education School is a 12-week educational program that is open to all veterans and their families. It is a comprehensive program that introduces patients to 28 different disciplines at JBVAMC that deal with chronic pain. Each discipline will share information about pain from the discipline's perspective, what treatments are available to veterans in their service, and how to set up appointments in their respective clinics. As a behavioral pain specialist, it is imperative that fellows gain a wealth of information and a basic understanding about other treatment modalities available within their assigned setting. The fellow will also be expected to present a topic at least once during Pain Education School.
- **Provide individual Alphastim training to Pain Patients.** The intern will have the opportunity to learn about Alphastim electrical stimulation therapy. The intern will have the opportunity to become certified and receive continuing medical education credits. The intern will meet with patients for up to 6-sessions to determine the appropriate technique and prescription.

- **Conduct Spinal Cord Stimulator (SCS) psychological evaluations.** The fellow may be offered an opportunity to conduct a SCS psychological evaluation and neuropsychological screening, which includes a battery of questionnaires and an intake interview (approximately 4 hours in duration). The battery includes the MMPI-2, BDI-II, BAI, MMSE, and the COGNISTAT.
- **Obtain supervision from the psychologist.** The fellow is required to have 1 hour of supervision weekly with the psychologist to review journal articles, do case presentations, review group sessions, discuss research, conduct supervision-of-supervision, and/or discuss professional development. Fellows may have the opportunity at times to supervise an intern and an extern with the consent of the trainees.
- **Conduct outcome research.** The fellow may have an opportunity to participate in outcome research studies investigating the effectiveness of groups, Pain Education School, and the multidisciplinary approach provided by the Pain Clinic that are currently ongoing.

SUBSTANCE ABUSE RESIDENTIAL REHABILITATION TREATMENT PROGRAM (SARRTP)

Supervisor: D. Ryan Hooper, Ph.D., david.hooper2@va.gov

The Substance Abuse Residential Treatment Program (SARRTP) provides an extended opportunity for veterans struggling with substance abuse

The Substance Abuse Residential Rehabilitation Treatment Program (SARRTP) is a 35-day, 20-bed residential program for veterans who primarily struggle with substance dependence issues but may also have additional mental health issues (e.g., Major Depressive Disorder, PTSD). Groups focus on building and solidifying motivation and the development of coping skills to prevent relapse, regulate emotions, and build relationships, as well as promote lifestyle change. Individual therapy often focuses on helping veterans manage symptoms of depression, PTSD, other anxiety problems, or address motivational concerns. Consultation is generally with inpatient psychiatry, medicine, or other substance abuse treatment programs and includes screening for admission. Characteristics of the rotation are the integration of motivational interviewing and MI principles in various applications, exposure to motivational interviewing training and staff consultation, experience in group therapy, exposure to vocational development for veterans, and the opportunity to interact with several treatment teams.

A fellow working in these programs would gain experience in conducting individual therapy, group therapy, psychodiagnostic assessment, admission screening, and case management in a residential setting. Current therapy groups include CBT coping skills, CBT for relapse prevention, and Seeking Safety for veterans experiencing substance dependence. Supervision would focus on the therapeutic relationship and developing intervention skills.

PSYCHOSOCIAL REHABILITATION AND RECOVERY CENTER (PRRC)

Supervisor: Donna Crossman, PhD, donna.crossman@va.gov

The Psychosocial Rehabilitation and Recovery Center (PRRC) at JBVAMC is funded by VA Central Office. Veterans diagnosed with serious mental illnesses (defined as Schizophrenia, Schizoaffective Disorder, and Psychosis NOS) are encouraged to self-determine life goals and develop the necessary skills and supports to achieve these objectives. Recovery is defined not as a cure of mental illness, but rather as successful effort toward reintegration into the community. Veterans learn to regain meaning, purpose, and personal control in their lives through supportive reentry into community-integrated employment, education, housing, spiritual, family, and social activities.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), in conjunction with six other federal agencies, the term recovery consists of ten fundamental components: self-direction, individualization, empowerment, holism, non-linearity, focus on strengths, peer support, respect, responsibility, and hope. The PRRC at JBVAMC is designed to be an educational program with an academic model emphasizing the incorporation of these ten fundamental components. Group-oriented classes are offered over the course of three 12-week semesters. Veterans self-determine the number and type of academic courses in which they wish to engage. By offering veterans a strength-based approach to care, treatment, and services, the PRRC program aims higher—toward a framework of hope, healing, and empowerment. Veterans will learn to self-determine their own goals and develop wellness strategies to achieve an improved quality of life and a greater sense of independence. Successful completion of the PRRC is designed to enable veterans with serious mental illness to become more independent and community-integrated with continuing access and utilization of appropriate outpatient mental health services and support as needed.

The PRRC consists of a multi-disciplinary staff from the fields of psychiatry, psychology, nursing, social work, recreational therapy, vocational therapy, and peer support working together in a unified treatment team approach to recovery. The psychology fellow will work closely with all members of this multidisciplinary treatment team. The fellow will be responsible for delivering clinical care to veterans and assisting them with achieving their self-determined therapeutic goals. Specifically, the fellow will help veterans develop an individualized wellness plan, socialization and coping skills, family education, dual diagnosis treatment (if necessary), independent living skills and a social support network, and employment in the community (if desired). Additionally, the fellow will be involved in continued program development projects, and the writing and updating of course curriculum to ensure that the material is based upon the best evidence-based treatment practices in the field.

Because the PRRC program consists primarily of therapy groups, the fellow will develop expertise in this therapeutic modality and will be supervised specifically in conducting group therapy. Because the VA mental health field adopts an emphasis on positive psychology, recovery, and evidence-based treatment, the fellow at JBVAMC will have

the opportunity to be at the forefront of cultural change and will have a competitive advantage in furthering their professional development.

MENTAL HEALTH CLINIC (MHC)

Supervisor to be assigned; Please contact Dr. Jamie Mathews, jamie.mathews@va.gov for additional information.

The Mental Health Clinic rotation consists of many opportunities involving assessment, individual psychotherapy, multi-disciplinary team consultation and treatment planning, psychoeducation, and some limited availability to treat couples. Because of the breadth of the patient population available in this rotation, the training experiences available in the MHC rotation are especially fitted to the individual trainee's needs. Recent fellows have used this rotation to focus on honing their implementation of Cognitive Processing Therapy for PTSD, treating women veterans, integrating assessment into an extended treatment plan, and becoming flexible in their orientations toward patient conceptualization. Taking an active role in case management will also be expected to be prominent in this rotation. Finally, the active management of patients with serious mental illness and escalating the care of patients in crisis are common these in MHC. Substantial opportunities for psychological assessment of patients for referral questions related to diagnostic and conceptualization issues also exist within this rotation, although neuropsychological testing is typically deferred to the specialty neuropsychology clinic staff.

Mentorship Program

At the beginning of the fellowship, each fellow selects one member of the available psychology staff as a mentor for the duration of the fellowship. Mentors and mentees meet for a minimum of one hour per month and review training and professional development goals for the year. Mentors share knowledge, counsel, and advice and serve as a role model and support system for the mentee. The relationship is intended to foster a focus on longer-term developmental goals and is non-evaluative in nature. A fellow's clinical supervisor can serve as a mentor, but mentors are asked to separate this responsibility from any clinical supervisory duties in terms of their time commitment to the fellow. The relationship is intended to foster a focus on longer-term developmental goals, with separation from active clinical work. Mentorship is available in a variety of areas, including but not limited to career planning, diversity and social justice, and work-life balance. Fellows may also select their mentor based on the mentor's areas of clinical/research interest, administrative/leadership roles, personal characteristics, and training backgrounds.

Training Plan and Self-Assessment

At the beginning of the fellowship year, the fellow seeks guidance from their mentor to complete a training plan assessment that allows them to thoughtfully self-assess their prior experience with respect to our training objectives. This self-assessment consists of

the fellow's identifying their standing on the core competency indicators that are also used by supervisors to evaluate the fellow. The purpose of this self-assessment is to ensure that the manner in which the program engages the fellow in training is commensurate with the fellow's background and interests. The training plan derived describes the settings and training experiences within these settings that will help to meet programmatic goals and objectives. Upon completion, this form is submitted to the DoT, who reviews this form with applicable training staff to ensure its comprehensiveness and feasibility. At the mentor's or fellow's initiative throughout the year, an analogous process can be initiated to revise the training plan.

Program Competencies and Core Indicators

The goal of JBVAMC's fellowship program is to help fellows develop their skills in the discipline of psychology with a particular focus on a set of competency areas; the indicators used to measure these competencies that fellows are expected to manifest over the training year are nested within each objective. Only core competency indicators (i.e., those formally used for evaluation purposes) are shown; additional indicators are used solely for training and feedback purposes. (Please see "Supervision and Evaluation" below for a description of how mastery of these competencies are evaluated across the program year.)

1. Competence in Ethical and Legal Standards
 - a. Be knowledgeable of and act in accordance with each of the following:
 - i. The current version of the APA Ethical Principles of Psychologists and Code of Conduct;
 - ii. Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
 - iii. Relevant professional standards and guidelines.
 - b. Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
 - c. Conduct self in an ethical manner in all professional activities.
 - d. Evidence knowledge/understanding of/adherence to professional standards and guidelines
 - e. Express awareness of/demonstrate adherence to legal and regulatory standards
 - f. Develop an identity as psychologist/socialization into the profession
 - g. Express awareness of/sensitivity to/respect for others (autonomy, cultural diversity, dignity, rights and welfare)
 - h. Manifest the ability to prevent personal problems from interfering with patient care or professional conduct
2. Competence in Individual and Cultural Diversity
 - a. Demonstrate an understanding of how one's own personal/cultural history, attitudes, and biases may affect how one understands and interacts with people different from oneself

- b. Articulate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities, including research, training, supervision/consultation, and service
- c. Manifest the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities), including the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of one's career; also included is manifesting the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with one's own
- d. Demonstrate the ability to independently apply one's knowledge and demonstrate effectiveness in working with the range of diverse individuals and groups encountered during fellowship, tailored to the learning needs and opportunities consistent with the program's aim(s)
- e. Demonstrate the ability to develop rapport with clients of diverse clinical, age, gender, and cultural groups
- f. Demonstrate the ability to communicate at client's level of comprehension
- g. Express awareness of and demonstrate sensitivity to cultural diversity issues in assessment
- h. Express awareness of and demonstrate sensitivity to developmental, medical, pharmacological, social, systems, and other issues in assessment
- i. Evidence skill in using culturally relevant best practices in assessment
- j. Express awareness of and demonstrate sensitivity to cultural diversity issues in psychotherapy and interventions
- k. Evidence skill in using culturally relevant best practices in psychotherapy/intervention
- l. Express awareness of and demonstrate sensitivity to cultural diversity issues in consultation
- m. Evidence skill at using culturally relevant best practices in consultation
- n. Express awareness of, demonstrate sensitivity to, and evidence respect for others (with regard to their autonomy, cultural diversity, dignity, rights and welfare)
- o. Manifest the ability to prevent personal problems from interfering with patient care or professional conduct
- p. Express awareness of personal issues in relationships with clients/colleagues/supervisors
- q. Evidence skill in integrating research, diversity, and clinical issues
- r. Demonstrate the ability to seek consultation regarding diversity issues as needed
- s. Evidence skill in incorporating dimensions of diversity in conceptualizations, skills, and techniques
- t. Evidence skill in adapting own professional behavior in a culturally sensitive manner
- u. Demonstrate awareness of potential sources of cultural bias
- v. Evidence skill in using culturally relevant best practices

- w. Evidence skill in articulating an integrative conceptualization of diversity
- 3. Competence in Integration of Science and Practice
 - a. Evidence skill in applying scholarly inquiry to clinical problem-solving
 - b. Articulate knowledge of EBT/EBP approaches to clinical practice
 - c. Articulate knowledge of the scientific/theoretical literature relative to rotational experiences
 - d. Evidence skill in appropriately applying literature to practice
 - e. Evidence skill in conceptualizing cases/situations
 - f. Articulate knowledge of different theoretical perspectives
 - g. Evidence skill in evaluating outcome data
 - h. Demonstrate awareness of potential sources of cultural bias
 - i. Evidence skill in using culturally relevant best practices
 - j. Evidence skill in articulating an integrative conceptualization of diversity
- 4. Competence in Consultation and Interprofessional/Interdisciplinary Skills
 - a. Evidence skill in understanding/knowledge/handling of consultation role and processes
 - b. Demonstrate timely response to consultation requests
 - c. Demonstrate the ability to provide timely, effective oral/written communication (addresses questions/requests)
 - d. Participate actively in treatment team meetings
 - e. Evidence skill at effectively collaborating as a consultant/defining own role/contributions
 - f. Evidence skill at establishing/maintaining rapport/collegiality/boundaries with other professionals
 - g. Manifest the ability to understand/respect other disciplines' contributions/roles/perspectives
 - h. Express awareness of and demonstrate sensitivity to cultural diversity issues in consultation
 - i. Evidence skill at using culturally relevant best practices in consultation
- 5. Competence in Supervision
 - a. Demonstrate openness and responsiveness to supervision
 - b. Demonstrate preparation for supervision/ability to take responsibility for own learning
 - c. Evidence skill in effectively incorporating feedback from supervision into clinical practice
 - d. Demonstrate the ability to tolerate critical evaluation
 - e. Demonstrate the capacity for self-examination
 - f. Articulated knowledge of models, theories, modalities and research on supervision
 - g. Manifest the ability to keep supervisor sufficiently informed of cases
 - h. Demonstrate interest in and commitment to supervision
 - i. Manifest the ability to assess one's own strengths and weaknesses across competencies
 - j. Seek consultation regarding diversity issues as needed
 - k. Evidence skill in incorporating dimensions of diversity in conceptualizations, skills, and techniques

- l. Evidence skill in adapting own professional behavior in a culturally sensitive manner
6. Competence in Intervention and Psychotherapy
 - a. Exhibit effectiveness as a therapist
 - b. Evidence skill in communicating empathy, warmth, and genuineness with clients
 - c. Manifest the ability to focus and control session
 - d. Manifest the ability to make direct, relevant, therapeutically timed comments effectively when needed
 - e. Evidence skill in treatment formulation and judgment about intervention alternatives necessity, objectives, strategies, length, and termination
 - f. Manifest the ability to facilitate client's self-awareness/present therapeutic interpretations
 - g. Evidence skill and judgment in treatment planning
 - h. Evidence skill in understanding and management of clients' boundaries
 - i. Evidence skill in flexibility and/or creative problem solving
 - j. Manifest the ability to facilitate hypothesis generation and exploration/insight
 - k. Obtain informed consent/provide treatment rationales before initiating services
 - l. Manifest the ability to monitor progress toward goals
 - m. Exhibit good clinical judgement
 - n. Articulate awareness of and demonstrate sensitivity to cultural diversity issues in psychotherapy and interventions
 - o. Articulate knowledge/scientific foundation of psychotherapy
 - p. Articulate awareness of ethical and legal issues in psychotherapy and intervention
 - q. Evidence skill in managing special situations (behavioral emergencies/crises)
 - r. Evidence skill in engaging in self-evaluation
 - s. Produce quality, organized written reports/progress notes
 - t. Evidence skill in using culturally relevant best practices in psychotherapy/intervention
7. Competence in Professional Behavior and Communication
 - a. Evidence skill in maintaining expected work load and professionalism in fulfilling responsibilities
 - b. Evidence skill in communication/assertiveness
 - c. Evidence skill in integrating research and practice
 - d. Evidence skill in thinking critically/analytically/scientifically
 - e. Demonstrate punctuality for patient contacts and professional meetings
 - f. Demonstrate promptness in carrying out other assignments
 - g. Evidence skill in understanding and management of professional boundaries with clients
 - h. Articulate awareness of personal issues in relationships with clients/colleagues/supervisors

- i. Presentation self maturely/acknowledgment of own limits
 - j. Manifest the ability to take initiative and demonstrate motivation
 - k. Demonstration of adherence of appropriate attire and presentation
 - l. Demonstrate dependability
 - m. Demonstrate effective self-care
 - n. Evidence skill in providing organized and quality presentations to other staff
 - o. Evidence skill in integrating research, diversity, and clinical issues
8. Competence in Assessment
- a. Exhibit good judgment in selecting assessment approaches
 - b. Manifest the ability to develop rapport with clients of diverse clinical, age, gender, and cultural groups
 - c. Evidence skill in diagnostic interviewing
 - d. Manifest the ability to communicate at client's level of comprehension
 - e. Evidence skill in interpreting objective personality tests
 - f. Evidence skill in interpreting intelligence and academic tests
 - g. Evidence skill in conducting mental status examination
 - h. Evidence skill/objectivity in observing and describing behavior
 - i. Evidence skill in integrating assessment data
 - j. Articulate awareness of legal issues in assessment
 - k. Articulate knowledge of the scientific, theoretical, empirical, and contextual bases of assessment
 - l. Articulate awareness of and demonstrate sensitivity to cultural diversity issues in assessment
 - m. Articulate awareness of and demonstrate sensitivity to developmental, medical, pharmacological, social, systems, and other issues in assessment
 - n. Evidence skill in formulating appropriate diagnoses
 - o. Evidence skill in understanding psychiatric nosology
 - p. Demonstrate the preparation of timely, clear, objective, organized, useful, integrated reports
 - q. Evidence skill in formulating appropriate treatment recommendations
 - r. Manifest good clinical judgment/critical thinking in assessment
 - s. Evidence skill in using culturally relevant best practices in assessment



Photo of community garden with buildings in the background in Chicago

Supervision and Evaluation

One hour of scheduled, face-to-face supervision by each clinical supervisor per week is a required element of each training rotation. Any experience wherein the fellow is supervising a more junior trainee will also demand at least one additional half hour of supervision of supervision. Along with the Fellowship Professional Consultation Group meeting, all fellows receive at least 2 hours of individual supervision weekly. Frequent unscheduled ad hoc supervisory meetings are also encouraged and have been found to occur frequently across the week for most of our fellows. Supervision focuses on providing a deep understanding of the clinical decisions undertaken and behaviors executed in administering psychotherapy by the fellow, delivered at a level akin to peers discussing cases. It is expected that the tenor of supervision should be far less prescriptive than in an intern-level supervisory relationship and more collegial and consultative in nature.

Fellows evaluate their supervisors and present these evaluations in written form. A copy of the evaluation form to be used is shared with fellows at the beginning of the year. The purpose behind such evaluation is to facilitate providing periodic, formal feedback to the supervisor and the program about the relative strengths and weaknesses of a supervisor's delivery of supervision and the rotation as a whole. This process seeks to foster dialogue between the supervisor and fellow with regard to improving the fellow's learning and the supervisor-supervisee relationship. It also seeks to provide a fellow-driven mechanism by which to evaluate supervisor competency in the program.

In the other direction, supervisors provide fellows an assessment of their current state of professional development through the use of a written evaluation. At the present time, the program uses a slightly revised version of the Minnesota Supervisory Inventory as its fellow evaluation tool. Scheduled evaluations occur quarterly by each rotation supervisor on their respective fellow. The DoT reviews all evaluations occurring at the same interval and implements an aggregation procedure—additionally consulting with the training staff if necessary—for each competency to yield a single rating summarizing the fellow's apparent progress at that point. Essentially, the program creates a single integrated evaluation for the fellow after each 3-month interval. The fellow's primary mentor or the DoT is charged with delivering feedback on this summary to the fellow. Fellows will be determined to be successfully meeting training goals when their quarterly intermediate-year aggregate ratings on primary competencies are rated as meeting the following thresholds: for the first quarter evaluation, 100% of the core competency indicators on the evaluation form are rated as "meeting early-year expectations" or above; for the second quarter evaluation, at least 25% of the core competency indicators on the evaluation form are rated as "meeting late-year expectations" or above, with no core competency indicator being rated as "inadequate"; and for the third quarter evaluation, at least 50% of the core competency indicators on the evaluation form are rated as "meeting late-year expectations" or above, with no core competency indicator being rated as "inadequate." For the final (i.e., fourth quarter) evaluation, at least 75% of the core competency indicators on the evaluation form are rated as "ready for entry level practice," with no core competency indicator being rated as "inadequate" and no more than one core

competency indicator in any competency area being rated as “meeting early-year expectations.” The final, 12-month aggregate evaluation is the ultimate determiner as to whether the fellow has reached the program’s required competency levels for successful completion of the program.

Remediation plans will be instituted when the above criteria are not met, or when individual clinical supervisors raise specific concerns that are considered serious enough by the training director to merit that such a step be taken (i.e., not expected to self-correct as a natural consequence of participating in the rotation). A comprehensive remediation policy will be established and disclosed by the training program at the beginning of the fellow’s training year.



Photo of a mural on a building across from the Morgan Street CTA Station

Program-Related Feedback

Fellows have multiple mechanisms by which they are involved in decisions central to training, education, and the program in general. First, they are required to participate in the monthly psychology staff meetings that focus on discipline-level concerns across the facility, which also affords an immediate avenue by which to affect change impacting all members of the Psychology Service. Second, as elaborated upon elsewhere, fellows are offered the opportunity to voluntarily participate in the PTC and its constituent subcommittees. Third, the DoT also meets quarterly with the fellows to discuss aggregated evaluations of their progress, which is expected to serve as a platform for larger-scale discussions about the training program. Requests for ad hoc meetings and written correspondence with the DoT are honored without exception. A formal written feedback evaluation mechanism is also required at the end of the year. All feedback received from fellows is reviewed by the DoT, and summaries of items needing elaborated discussion are provided on a regular basis to relevant staff and leadership.

Qualifications for Licensure

Because JBVAMC's fellowship program recruits candidates nationally whose careers following the postdoctoral experience are not geographically constrained, the program does not restrict itself to training experiences that are wedded to a single state's licensure requirements. However, fellows can anticipate that the default training experience on fellowship will meet all supervised postdoctoral experience requirements for licensure as a Clinical Psychologist in the state of Illinois, notwithstanding any unanticipated changes or interpretations made by the State of Illinois Division of Professional Regulation to the qualifications and requirements of licensure. If a fellow is uncertain about a future jurisdiction of licensure that might be pursued, the director of training will attempt to arrange make modifications to the fellowship experience that will similarly meet future jurisdictional requirements to the extent that they can be anticipated, within the bounds of the program's extant aims and structure.

Administrative Policies

More information regarding administrative policies for fellows, including specific information about leave policies, due process and grievance policies and other information, is available upon request. The following information is further available upon written request to the fellowship and found in Addendums to the Fellow Handbook provided to fellows during their orientation:

- Information on fellow performance evaluation not meeting expectations;
- Procedures for fellow retention and termination; and
- Due process and grievance procedures for fellows and training staff.

Policies and procedures established by rotational programs/clinics are provided to fellows by clinical supervisors and relevant program managers in the same manner by which these are shared with any other member of the respective program/clinic. The manner in which these are codified may vary depending on the particular rotational environment and its leadership. Clinical supervisors hold ultimately responsibility for ensuring that the fellows working in their clinics are aware of and adhere to these policies.

Due Process Statement

All fellows are afforded the right to due process in matters of problematic behavior and grievances. The due process and grievance procedures are disseminated and reviewed upon the fellow's orientation to the program.

Privacy Policy

Our privacy policy is clear: we will collect no personal information about you when you visit our website.

Self-Disclosure

We do not require fellows to disclose personal information to the training staff except in cases where personal issues may be adversely affecting the fellow's performance and is thought to be necessary for remedying the situation. Should such self-disclosure be required, the director of training or section chief will be responsible for initiating this process and will attempt to limit the distribution of any information disclosed to the most limited extent possible for effecting the change.

Representation of Status

The program's fellows are formally entitled "Postdoctoral Fellows in Clinical Psychology." An appended title frequently includes "with Emphasis on [Track]" is also frequently employed in order to permit clearer communication with staff outside the program, although this elaboration does not appear of the final certificate of completion and is not considered an essential part of any fellow's title. At the outset of every clinical interactions with a patient under the fellow's care, as early as is practically possible, a fellow is required to disclose their title and the fact that they are operating under the license and supervision of their specific clinical supervisor. This disclosure must be recorded in the first note written in the patient's chart by a fellow, unless such disclosure could not appropriately be made due to the need to provide emergent patient care.

Library Resources

Our fellows may use our VA's Medical Library. Also, the University of Illinois Library of the Health Sciences is just two blocks away. Our Medical Library supports our efforts in patient care, patient education, teaching, and research. Many online resources are available to the fellows and are accessible in each office, including OVID and Medline.

Office Space and Computer Resources

We do our best to ensure that each psychology fellow has a dedicated office space or workstation, including a telephone and personal computer. Rotation supervisors might also have dedicated space to use when working on a particular rotation, and there are also individual and group treatment rooms available for reservation. All offices have access to the VA server, which contains computerized patient charts. All mental health notes are entered in the computer charting system, CPRS.

Stipends, Leave, Benefits, and Start Date

Stipend: As of the 2020-2021 academic year, the one-year full-time postdoctoral fellowship provides a \$51,169 stipend paid in 26 biweekly payments.

Leave: Fellows are allocated 13 sick leave and 13 annual leave (vacation) days for the training year, accrued over the course of the year. Additionally, all federal employees enjoy 10 paid federal holidays annually. Fellows are also granted additional professional

leave (paid, off-station time) to present at major professional conferences and attend post-doc/job interviews, pending administrative approval.

Health Insurance: Veterans Affairs offers optional health insurance for psychology fellows. There are a wide variety of federal health benefits programs to choose among and can include dental and vision care.

Life Insurance: The VA offers optional life insurance for psychology fellows.

Public Transportation Vouchers / Parking: For employees who take public transportation to work every day, the federal government will provide transit vouchers that can be used on public transportation throughout the Chicago area. Interns can sign up for this benefit on their first day at work. For interns who drive to work, there is parking at a nearby lot for \$2/day. Depending on capacity, interns may be able to sign up for reduced parking fee of \$5.75/day at the JBVAMC parking lot next to the Ogden entrance. At present, there is a waitlist to secure daily parking in this lot.

Other Benefits: All employees have free use of exercise equipment during employee hours or after hours in our Wellness Center. In addition, the University of Illinois at Chicago has a gym that is across the street from the VA, and fellows receive reduced employee membership rates. Fellows may use the Medical Library and VA internet resources for research, including computer database searches and interlibrary loans. Fellows may receive a free physical exam upon being hired for federal service, along with a TB test. All employees are eligible for the services of the Employee Health Office, which include free vaccinations for Hepatitis B and free flu shots.

Malpractice Insurance: Malpractice liability coverage is provided for fellows through the protection of the Federal Tort Claims Act. A 1999 VA directive has established malpractice coverage under federal regulations for off-site rotations.

Start Date: The fellowship year traditionally begins in late August or early September. The 2021–2022 fellowship year is tentatively planned to begin on August 30.



Photo of public art in Skinner Park in Chicago on a winter day

Application & Selection Procedures

Instructions for how to apply for JBVAMC's fellowship program are provided each fall on the associated training website. The relevant documents for applicants interested in the program will be labeled according to the upcoming training year. Please note that there is a separate application instructions document for each emphasis track of the postdoctoral fellowship program. In addition to application instructions, these documents provide other important information, a description of the minimum and recommended qualifications of applicants, and a description of how applicants are selected through the application and interview processes (along with the relevant dates). Please ensure that the submission of any application follows the procedures specified in these documents.

Staff Descriptions

A bit about each of us written in our own words

Keisha Battle, Ph.D.: I graduated from the University of Illinois in Champaign-Urbana with a bachelor's degree in Psychology and a minor in Spanish. After some time working in corporate America, I decided to go back to school to for graduate studies. I graduated from Roosevelt University with a doctorate in Clinical Psychology in 2015. I completed internship at the Madison VA Medical Center and spent 3 years at the Milwaukee VAMC in Primary Care – Mental Health Integration (PC-MHI). Currently, I am in PC-MHI through the Women's Health Clinic at Jesse Brown VA Medical Center. My professional interests include insomnia/sleep disorders, race-based stress and trauma, and the experience of personal psychotherapy for psychology doctoral students. My hobbies include the performing arts and cooking. I'm a foodie, so my favorite thing to do in my free time is to try new restaurants.

Irina Beyderman, Ph.D.: Dr. Irina Beyderman received her master of science and doctorate in clinical psychology from the Illinois Institute of Technology (IIT) in Chicago. She completed her clinical internship and post-doctoral fellowship at the Jesse Brown VA Medical Center. Dr. Beyderman's clinical and research interests include anxiety and mood disorders, PTSD, substance abuse, chronic pain management, emotion regulation, and developmental antecedents of psychopathology. Dr. Beyderman's approach integrates cognitive behavioral (CBT), acceptance and commitment (ACT), dialectical behavioral (DBT), and interpersonal (IPT) psychotherapies. Dr. Beyderman is a certified Cognitive Processing Therapy (CPT) and Problem-Solving Therapy (PST) provider. She is licensed in the state of Illinois.

Tracy Bisterfeldt, Ph.D.: I am a Health Psychologist and weight management program coordinator. I graduated from ISPP in 2009, did my internship at the Battle Creek VA in Michigan, and completed my Post Doctorate hours here at Jesse Brown. I have worked here ever since! I have a strong interest in obesity as well as obesity related diseases. Personal interests are reading, gardening, design, and hanging with my family and 2 dogs.

Dawn Brown, Ph.D.: Dawn Brown, Ph.D. is the Staff Psychologist for the Residential units at Jesse Brown: SARRTP and PRRTTP. She is also active on Jesse Brown committees and believes that they enhance her work and give her opportunities to be engaged with people across the VA. She is currently a member of the Diversity Committee, LGBT Veteran's Workgroup, LGBT Employee Committee, and is on the Jesse Brown 4 Black Lives (JB4BL) Committee as the Co-chair of the Courageous Conversations Pods.

Dr. Brown graduated from the University of Illinois at Urbana-Champaign (UIUC) with a Ph.D. in Counseling Psychology. And was also a Clinical Psychology Fellow during the 2019/2020 year here at Jesse Brown. At UIUC she specialized her training in LGBT-affirming competencies and have done trainings for LGBT-affirming workspaces, schools, and mental health practices for the past five years. She's also very passionate about group therapy. She loves the power of group environments and the different group formats from manualized treatment to process groups. Also, approaching all of her work utilizing the social justice and equity education she received at UIUC is very important to her. Seeing each Veteran in all of their identities and experiences and doing her best to make them feel seen and validated is a large part of her work. Additionally, she really values the work that we are doing in JB4BL to address systemic racism within the VA and provide opportunities for healing and growth for Veterans and employees. On a more personal note, Dr. Brown is a queer woman and first generational college student. She strongly relate to the struggles related to navigating college and higher education without generational support, knowledge, or funding. She is also "straight-passing" and understands the ways in which invisibility can impact how one experiences their queer identity. Some of her personal interests include spoiling dogs (her two dachshunds and her partner's yorkie), hiking, and paddle boarding.

Ivan Budisin, Ph.D.: Outpatient Mental Health Program Manager; Dr. Budisin earned his doctorate in Counseling Psychology from Loyola University Chicago in 2009. He completed his internship at the Cpt. James Lovell FHCC in 2006/2007. For his postdoctoral training, Dr. Budisin went to Purdue University Calumet, where he also worked as a staff psychologist in the Counseling Center until 2012. Dr. Budisin started his career at JBVAMC in 2012 as the Assistant Chief of Mental Health Clinic and has been in his current role since January 2017. Dr. Budisin's role is split equally between administrative tasks in Outpatient Mental Health and providing clinical services (mostly individual psychotherapy) to our Veterans. He is trained in Interpersonal Therapy for Depression and Cognitive Behavioral Therapy for Insomnia. Administratively, his work is focused primarily on ensuring our Veterans can easily access Outpatient Mental Health services and engage in recovery-oriented care. Dr. Budisin is a first-generation immigrant from Southeastern Europe (Serbia) where he served in the armed forces. In his spare time, Dr. Budisin enjoys traveling with his wife and son.

Sarah Catanese, Ph.D.: Sarah Catanese, Ph.D. is the Health Behavior Coordinator. She founded and continues to run Jesse Brown's bariatric behavioral medicine program, offering services and consultation throughout VISN 12, and works closely with the MOVE! Coordinator. She runs Jesse Brown's first positive airway pressure adherence

group, working closely with sleep medicine. Dr. Catanese also runs the tobacco cessation counseling group, and plays a significant role in addressing tobacco use through Medical Center policy and the Tobacco Cessation Committee. Dr. Catanese acts as a consultant on the treatment of eating disorders throughout the medical center. Dr. Catanese is a member of the Whole Health Steering Committee, and the Whole Health Research Committee, and is co-chair of the Health Promotion Disease Prevention Committee. Dr. Catanese completed the Mental Illness Research Education Clinical, Centers of Excellence training in CBT-E and Motivational Interviewing. She also served as a National Consultant for Motivational Interviewing, and is charged with educating clinicians at Jesse Brown VA Medical Center in the use of MI to improve clinical outcomes. Dr. Catanese is trained in hypnosis and is currently completing the VA's CALM Mindfulness Based Stress Reduction training program. Dr. Catanese's recent publications and research involve the role of motivation in weight management, changes in self-efficacy during participation in Whole Health groups, and outcomes among Veterans participating in weight management support groups. Dr. Catanese is on faculty at Northwestern University, Feinberg School of Medicine and University of Illinois at Chicago. Dr. Catanese founded and runs the Northwestern/Jesse Brown Health Psychology Seminar, with speakers from medical centers throughout Chicago, and participants from around the country.

Dr. Catanese completed her Ph.D. in Clinical Psychology, with a specialization in Health Psychology, at Chicago Medical School/Rosalind Franklin University of Health Sciences. She completed her internship at UCLA Semel Institute for Neuroscience and Human Behavior/David Geffen School of Medicine and her postdoctoral fellowship at Children's Hospital Boston/Harvard Medical School. Dr. Catanese received her undergraduate degree at Tulane University, where she graduated Summa Cum Laude, Phi Beta Kappa, with the Rosa Cahn Hartmann Prize for Outstanding Student in the Department of Psychology.

Dr. Catanese believes that diversity among psychologists is the key to a thriving discipline with novel research ideas and the best treatment strategies. She takes an analytic, Socratic approach to supervision, encouraging exploration of diversity in clinical and professional interactions and identity development. Dr. Catanese is a feminist.

Dr. Catanese enjoys spending time with her husband and two young children. She is a voracious reader, who hates to cook. She ran the marathon in 2019, and Dr. Bisterfeldt and Dr. Simons, a former health psychology intern, joined her for much-needed support the last few miles. Dr. Catanese loves candy, and once ate an entire jar of jelly beans off of Dr. Taft's desk during internship interviews. Dr. Taft is a former health psychology intern at Jesse Brown, and currently a researcher at Northwestern and clinician in private practice. The jelly beans were supposed to signify the number of days until Dr. Taft's honeymoon, and Dr. Taft still gives Dr. Catanese a hard time about it. Although her colleagues, trainees, and clients make fun of Dr. Catanese's outfit choices, she is confident that in another life she could have been a fashion designer.

Kathryn Cline, Psy.D.: Dr. Kathryn Cline is a clinical psychologist in the PCT and also acts as the Evidenced Based Practice Coordinator for JBVA. She attended undergraduate at Eastern Illinois University and graduate school at Adler University in Chicago, IL. Dr. Cline accepted the Army HPSP Scholarship during graduate school and subsequently commissioned as an officer in the US Army upon acceptance into internship and postdoc at San Antonio Military Medical Center in Texas. Upon completion, she was stationed in Germany for 3 years as the regimental psychologist for the 2nd Cavalry Regiment, and functioned in multiple roles as clinician, consultant to command and behavioral health officer for the regiment. Dr. Cline is currently a Major in the Ohio Army National Guard and continues to provide behavioral health care to soldiers. Special interests in psychology include trauma, anxiety disorders, posttraumatic growth, death/dying/bereavement and military psychology.

David Cosio, Ph.D., ABPP: Dr. Cosio is the board certified, clinical health psychologist in the Pain Clinic and the CARF-accredited, interdisciplinary pain program at the Jesse Brown VA Medical Center, in Chicago. He also serves as a faculty member of the University of Illinois-Chicago Pain Management Fellowship Program and a lecturer in the Department of Psychiatry at Northwestern University. He received his PhD from Ohio University with a specialization in Health Psychology in 2008. He completed a behavioral medicine internship at the University of Massachusetts-Amherst Mental Health Services in 2008. He then completed a Post-doctoral Fellowship at the Edward Hines Jr. VA Hospital in 2009 in Primary Care and Specialty Clinics. He achieved specialist certification in Clinical Health Psychology by the American Board of Professional Psychology in 2017. He has done several presentations in health psychology at the regional and the national levels. He also has published several articles on health psychology, specifically in the area of patient and provider pain education.

Monica Cotter, Psy.D.: My name is Monica Cotter. I got my Psy.D. from The Chicago School of Professional Psychology in 2018. Before becoming a clinical psychologist I worked in sales for 7 years and I was most recently employed at a tech start-up. I am currently a licensed staff psychologist at ABJ in Crown Point, IN. I completed the PTSD-SUD-Pain fellowship in 2019 and internship at Lovell FHCC. I have worked and trained within the VA for the past 5 years at ABJ, JB, Hines, and Lovell. My clinical interests include a holistic approach to physical and emotional wellness. I have a background in substance use, health, and trauma focused treatment. Outside of work I enjoy being active including yoga, cycling, swimming, and running.

Donna Crossman, Ph.D.: Dr. Crossman is a licensed clinical psychologist and the new coordinator for the Psychosocial Rehabilitation and Recovery Center at Jesse Brown VA. She completed her undergraduate degree in Justice and Law with a minor in Psychology at American University in Washington, DC. She completed her graduate training at Binghamton University in Upstate NY and her predoctoral internship at University of Massachusetts Medical School/Worcester Recovery Center & Hospital. She was the Community Reintegration Fellow at Bedford VAMC (Bedford, MA) where she worked with the Compensated Work Therapy (CWT) and Veterans Integration To Academic Leadership (VITAL) programs before being hired full time with the VITAL

program. Her clinical and research interests include community reintegration through psychosocial rehabilitation, specifically engagement in vocational rehabilitation and supported education services. She enjoys spending time with her husband and rescue dog and also volunteers at the rescue where she adopted her pup, Sampson.

Alicia Doty, Psy.D.: Dr. Doty received her doctoral degree in psychology from Roosevelt University in Chicago. She became interested in a VA career when she was on practicum here at Jesse Brown VA Medical Center. She completed her internship and postdoctoral fellowships at St. Louis VA, focusing on the treatment of serious mental illness and posttraumatic stress disorder. Although St. Louis was fun, she decided that her heart truly resides in Chicago (after all, as a Cubs and Blackhawks fan, she just simply couldn't abide living near so many Cardinals and Blues fans for long...not to mention that it was impossible to catch a Bears game anywhere down there). After completing her postdoctoral fellowship, she returned to the Jesse Brown VAMC and is now the outpatient mental health psychologist for Women's Health Clinic. Dr. Doty quickly realized that her training in SMI and PTSD had come in handy, as women served in this clinic tend to present with complex trauma histories. As a woman who enjoys empowering other women, working with women with diverse backgrounds has been a gratifying experience. In order to meet the complex needs of women Veterans, Dr. Doty is an integrationist in practice. She was trained in interpersonal/relational theories (such as the theory of cyclical maladaptive patterns utilized in Time-Limited Dynamic Psychotherapy), but she also integrates CBT and DBT-based interventions. She has been trained in various EBPs, including PE, CPT, IPT, and STAIR.

Outside of work, Dr. Doty enjoys very much the opportunity to no longer be in graduate school, as she now has copious amounts of free time to do anything she wants. This is including, but not limited to: eating delicious food, watching TV without guilt, reading, having a love/hate relationship with running, and snuggling her adorable cat. If she didn't have a passion for psychology, she would enjoy being a stay-at-home cat mom.

Stephanie Fry, Ph.D.: Dr. Stephanie Fry is the Inpatient Psychiatric Unit psychologist at Jesse Brown VAMC. Dr. Fry completed externship training at the Lubbock VA Outpatient Clinic and internship at the Captain James A. Lovell Federal Health Care Center (formerly known as the North Chicago VA) before graduating from Texas Tech University in 2016. Dr. Fry has clinical experience in providing inpatient treatment for individuals with severe mental illness and substance use disorders in the VA as well as multiple forensic settings. Areas of professional interest include delivering time-limited interventions, providing Social Skills Training for inpatient Veterans, and developing cognitive-behavioral case formulations for individuals with complex and comorbid presentations. In addition to providing services to the inpatient psychiatric unit at JBVAMC, she also serves on the High Risk committee and the Disruptive Behaviors Committee to assist in providing excellent treatment for Veterans at risk for self- or other-directed violence. Outside of work, she enjoys running, playing volleyball, and trying new recipes with five or fewer ingredients!

Kelli Gariglietti-Farha, Ph.D.: Currently serves as the Mental Health Coordinator for the Adam Benjamin Jr. Outpatient Clinic. At this position she coordinates the mental health clinic and provides outpatient psychotherapy to Veterans with a special interest in chronic pain management. Other areas of interest include psychological consultations for medical patients newly diagnosed with chronic and/or terminal illnesses including infectious diseases, cancer, cardiovascular disease, degenerative neurological conditions, and trauma. She has taught for the Clinical Mental Health Counseling program at Valparaiso University since 2010. She has been a licensed doctoral-level psychologist since 2001 delivering clinical psychotherapy and psychological assessment to adults, adolescents, and children in outpatient and inpatient settings. Prior work experience includes staff psychologist at Via Christi hospital, psychology professor at Baker University, and director of the counseling center at Baker University. Her assessment experience includes neuropsychological screenings, social security disability examinations, and pre-surgical screenings (e.g. transplant and bariatric). Her dissertation focused on factors related to the academic success and social adjustment of Mexican immigrant children. She has provided expert testimony in federal and state courts including deportation proceedings on the behalf of immigrants. She has publications related to hope, critical thinking, and perceptions of death and dying. When not working she enjoys chasing her 3 kids and 2 dogs. She also is a stationary weather spotter for the National Weather Service and enjoys staying up late watching storms of all kinds on the Weather Channel. Ph.D. The University of Kansas 2000; B.A. and M.S. Pittsburg State University 1994, 1996

Jena Gomez, Ph.D.: Psychologist in the mental health clinic, and provider of telepsych services to our CBOCs, Auburn Gresham and Chicago Heights. I previously specialized in serving individuals with SMI, but am now more of a generalist and see essentially the whole DSM-5 of disorders. I view myself as somewhat of an integrationist due to the environment and diagnoses I see in the mental health clinic. I find myself pulling a lot from CBT/DBT interventions, but also have a deep love of the more psychodynamic end of things and find myself also using dynamic and interpersonal focused interventions (such as TLDP). Although I have no formal VA trainings under my belt (yet), I find myself pulling from various EBPs including STAIR, DBT, CBT, CPT, and PE. I also serve as the facilities telemental health champion and am the go-to for any VVC related questions. I am originally from Wisconsin (and yes, I am 100% a cheesehead with blood of green and gold running through my veins for the Green Bay Packers; if this is an issue, do NOT choose me to be your supervisor-ha!) and completed undergrad at Marquette University in Milwaukee. I then came to Chicago for grad school, where I earned my PsyD from Roosevelt University, right on Michigan Ave. I completed my pre-doctoral internship at the St. Louis VA, and my postdoctoral fellowship right here at JBVA (where I served as the SMI postdoc). There is something about this VA that is extremely magnetic for me; I completed my advanced practicum here and knew I would be back one day. Now my plan is to stay working for this VA until they tell me I can't anymore. Although I am a Wisconsinite through and through, I LOVE Chicago. Other loves of mine include: my two fur-babies (2 cats), painting, tattoos, and hiking.

Justin Greenstein, Ph.D.: Dr. Greenstein is the PTSD Clinic Program Manager and Staff Clinical Psychologist at JBVA. He received his PhD in Clinical Psychology from University of Illinois at Chicago in 2009, completed internship at the Hines VA Hospital and a Postdoctoral Fellowship, PTSD/Substance Use Disorders (SUD) track, at the Hines VA Hospital. He has been licensed in Illinois since 2010. His professional interest include: Evidence-based psychotherapy; PTSD and SUD assessment, treatment, and comorbidity; clinical supervision; treatment efficacy and effectiveness; and program evaluation. His theoretical orientation is cognitive behavioral. Personal interest include: spending time with wife, son, and friends; listening to music; trying to identify personal interests.

Margret Harris, Ph.D.: I am a psychologist in the outpatient Mental Health Clinic, specializing in the treatment of individuals with Serious Mental Illness. I received my Doctorate from the University of Illinois at Chicago where I spent 10+ years engaged in first episode psychosis research and the treatment of psychosis disorders using specialized CBT. I fell in love with clinical work serving Veterans during an externship and my internship here at Jesse Brown VAMC and subsequently decided to make the switch from a research career to becoming a full-time clinician. My professional interests also include the recovery movement in mental health and social justice issues. Outside of work, I spent as much time as possible outdoors with my family and friends.

Roger Elliot Hicks, Ph.D.: Clinical psychologist working in Primary Care-Mental Health Integration (PCMH-I). Clinical orientation includes CBT/ACT with a focus on Health Psychology. Graduated from the Illinois Institute of Technology, completed the General/Health Psychology internship at the University of Arkansas for Medical Sciences, and completed the Psychosocial Rehabilitation fellowship at Central Arkansas VA Healthcare Services. Currently certified in PCMH-I and Social Skills Training. Completing certification in Prolonged Exposure for Primary Care. Areas of clinical interest/experience include CBT-I, Chronic Pain, Tobacco Cessation, brief interventions for general mental health concerns, Motivational Interviewing, Psycho-oncology, weight management, and more. Personal areas of diversity: Atheist Personal Interest: Photography, cycling, skateboarding, dogs.

David (Ryan) Hooper, Ph.D.: Dr. Ryan Hooper is a Board Certified Clinical Psychologist with expertise in assessment and treatment of substance use disorders and co-occurring mental health disorders. Dr. Hooper has a passion for developing and maintaining recovery-focused treatment programs including residential and outpatient settings. He has experience in treating clients experiencing a wide range of mental health struggles including Depressive and Anxiety Disorders, Substance Use Disorders, and Trauma-related disorders. He is a strong advocate for mental health recovery and evidence-based practice including Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), and Acceptance and Commitment Therapy (ACT). Dr. Hooper has served as a national trainer for the VA's CBT-SUD program as well as provided numerous workshops and trainings on the impact of trauma on mental health functioning.

Colleen Kagan, Ph.D.: Dr. Kagan hails from Rockford, Illinois which is most known for being home to the third most famous member of Destiny's Child. She spent some time in Milwaukee to attend Marquette University and enjoyed the temperate winters before moving further north to attend graduate school at the University of North Dakota. Grand Forks, ND is most known for being the second coldest city in America but also has the world's largest free French Fry feed (*say that 3 times fast*), so she considers that a solid tie. Her research interests have always been rooted in culture and diversity and her dissertation examined the impact of cultural identity on MMPI-2 profiles in Northern Plains American Indians. While completing her internship at the VA in Topeka, Kansas she fell in love with working with the Veteran population and became indoctrinated into the cult, *clears throat* she means philosophy of recovery-oriented care. In her role as Local Recovery Coordinator she works throughout the mental health service line growing our mental health recovery services and enjoys the power of being able to send out emails across the whole service line muhahahahaha! Dr. Kagan is a member of the Psychology Diversity Committee, Jesse Brown for Black Lives committee, Whole Health, and Jesse Brown LGBT Care Team, among others. Dr. Kagan is certified in Motivational Interviewing/Motivational Enhancement Therapy (MI/MET), Cognitive Processing Therapy (CPT), and Acceptance & Commitment Therapy (ACT) and is a national VA consultant for ACT. Personal interests include the Chicago food scene, comedy, and her rescue dog Louie.

Daniel Kim, Ph.D.: Dr. Kim obtained his Ph.D. in Clinical Psychology from Biola University and completed his pre-doctoral internship at the Long Beach VA. He has served within the VA system for over 6 years and specializes in treatments for PTSD, insomnia, and couples therapy.

Julia Kogan, Psy.D.: Dr. Julia Kogan is the Primary Care-Mental Health Integration Coordinator. Dr. Kogan is involved in program administration and also sees Veterans clinically to address a variety of mild-moderate mental health and behavioral health concerns. Dr. Kogan completed her internship at the Nashville VA-Vanderbilt consortium in neuropsychology and health psychology. She completed her post-doctoral fellowship at the Miami VA, specializing in PCMH and health promotion/disease prevention. She has research and clinical interests in prevention in primary care, including identification and brief treatment of prediabetes, early parenting interventions, and other prevention topics. Dr. Kogan is especially interested in the role of exercise and stress management in prevention and management of chronic medical conditions.

Ellen Koucky, Ph.D.: I am a staff psychologist in the PTSD Clinic and serve as the Military Sexual Trauma Coordinator at the Jesse Brown VAMC. I received my M.A and Ph.D in Clinical Psychology from the University of Missouri-St. Louis. I completed my Predoctoral Internship at the Cincinnati VAMC and completed a Postdoctoral Fellowship in the VA Boston Healthcare System in the Posttraumatic Stress Disorder Track. My clinical interests include: evidence based psychotherapy, adapting trauma-focused empirically supported treatments for special populations or clinical presentations, and translating science to practice. Outside of work, I enjoy hanging out with my wife,

family, and friends and walking my mopey dog Chick. You can find me trying new pizza joints, listening to music, and watching vapid TV shows I'm too embarrassed to list.

Alex Kristevski, Psy.D.: Staff Clinical Psychologist ABJ/MHC; Psy.D., The Chicago School of Professional Psychology (APA Accredited); Indiana University Student Health Center (CaPS) Clinical Psychology Internship (APA Accredited); Post-Doctoral Training ABJ/VA; Board Certified in Medical Psychology; Board Certified in Psychopharmacology; Specialty in Psychoanalytic Psychology; EMDR- Level II; Clinical Hypnosis; Biofeedback & Neurofeedback

History of Employment: Staff Clinical Psychologist with the VA Adam Benjamin, Jr. Outpatient Clinic; Direct Clinical Services: Individual psychotherapy; Health Psychology; Group and family therapy; Couples and substance abuse counseling; Disability Evaluations, i.e., Compensation & Pension Examinations (e.g., PTSD, Mental Disorders, and Neuropsychological); Milieu therapy; Psychological and neuropsychological testing; intake/triage evaluations; Clinical hypnosis, biofeedback and relaxation therapy; VA Clinical research in the area of Personality Assessment; Annual VA Police Security fitness for duty psychological examinations; Direct supervision of doctoral-level psychology students; Clinical/psychological consultation to in-house medical staff and local Vet. Centers; Assist in E.D.O.'s and hospital admissions of acute/chronic psychiatric patients to various VA facilities. Responsible for the Mental Hygiene Clinic and administrative tasks in absence of the MHC Coordinator and/or Director or Psychiatrist(s) on call. Pain consultation psychological evaluations. EAP Staff Clinical Psychologist for ABJ/MHC. Psychology service consults written to other clinical specialties when indicated, along with "standing order," of various urine drug toxicology studies and other relevant clinic consults. Dates of employment: October 9, 1990 to present.

Laura Kupperman-Caron, Ph.D.: My name is Laura Kupperman-Caron and I am currently a tele-health PCMHI Staff Psychologist located within the VISN 12 Clinical Resource Hub. I transferred from the Miami VAMC to the Jesse Brown VAMC in May 2020. I received my Ph.D. in Clinical Psychology from Nova Southeastern University and I completed a VA internship and VA fellowship at the Miami VAMC with a focus on clinical health psychology. I have widespread interest in clinical and research topics related to healthy lifestyle behaviors, substance use, PTSD, insomnia, and diversity. I have had the opportunity to work in various clinics within the VA, such as the SARRTP and general outpatient mental health, and I also have been afforded some leadership experiences within the VA. Although I am not a Veteran myself, I have several family members who have served in the armed forces and I enjoy tremendously serving our VA patient population. In regard to personal interests, I enjoy running, cooking, reading and spending time with my family.

Kenneth Lehman, Ph.D.: Kenneth "Andy" Lehman is the Program Director of Outpatient Services and MH Clinical Lead at the Jesse Brown VAMC. He received his undergraduate degrees at the University of Oklahoma and then completed his Ph.D. training in the University of Kansas Clinical Psychology Program. After completing his doctoral internship at the Hines VA hospital in Hines, IL, he completed a research

postdoctoral fellowship in the Department of Preventive Medicine at Northwestern University's Feinberg School of Medicine, with research foci on mobile and e-health interventions, especially in the context of depression and cancer, and on stress measurement in multiple sclerosis. He began his VA career at the Birmingham VAMC, where he served as the PTSD Telehealth Psychologist, after which he joined the Jesse Brown VA Medical Center as a staff psychologist in the Mental Health Clinic and then as the Director of Psychology Training. His current role at the Jesse Brown VAMC finds him accepting any and all challengers claiming to have found impossibly intractable systems design problems.

Patricia Lim, Psy.D.: Specialty: Clinical Neuropsychology & Rehabilitation Psychology; Training: Illinois School of Professional Psychology (1996) Specialization: Health Psychology and Neuropsychology; Internship: North Chicago VA Medical Center (1994-1995); Residency: Maryland Rehabilitation Hospital (1996-1997) Specialization: Neuropsychology- Traumatic Brain Injury Rehabilitation; Experience: Jesse Brown VA Medical Center, Neuropsychology Service (2004-present); Neuropsychology Testing Clinic (2007-present); Outpatient Mental Health Clinic, Psychiatric Assessment Clinic, Psychosocial Residential Rehabilitation Program (2004-2007); Psychoeducation Groups in Addiction Treatment Program and Inpatient Psychiatry; Involved in Psychology Internship Training Program since 2004; Rehabilitation Associates of the Midwest, Neuro/Rehab Psychology (1997-2004); Private Practice & Major Medical Centers -- neuropsychological testing, rehabilitation counseling, interdisciplinary team involvement, individual and family therapy, cognitive rehabilitation, psychology service audits; Interests: Martial Arts: Taekwondo & Hapkido, 5th Dan/Master (2016) Geriatric Wellness, Meditation; Serial Killers and Murder Mysteries; Diversity: Asian-American (Filipino, Chinese, Spanish) English-speaking; she/her/hers; vertically challenged; technologically challenged Dedicated to serving physically disabled, elderly and marginalized populations

How I integrate diversity and racial/cultural awareness into my practice: Explore the impact of racial and cultural experiences on psychological and cognitive development, identity, performance effort and attitudes about achievement; Consider culturally influenced family dynamics and role expectations as they pertain to cognitive achievement, intellectual development, and goal-setting; Identify optimal learning capabilities and cognitive compensatory interventions that align with racial and cultural uniqueness and life demands of patients and families; Utilize culturally sensitive and valid assessment tools and norms; Evaluate the interface between cognitive change, disability, stage of life/aging, medical conditions and psychiatric comorbidities as they impact quality of life; Promote rehabilitative and recovery focused interventions to identify areas of life enhancement despite cognitive impairment and disability; focus on enhancing quality of life as defined and perceived by the patient; Sensitive to cultural attitudes about aging and end of life for geriatric, disabled, or chronically ill patient

Caitlin Listro, Ph.D.: Dr. Listro graduated from the University of Notre Dame with a bachelor's degree in psychology and English and from Michigan State University with a Ph.D. in clinical psychology. She completed her internship and postdoc fellowship at the

Memphis VAMC prior to starting work at Jesse Brown VA. She works in PCMHI in the Transition Care Management (OEF/OIF) clinic and Blue clinic. Her professional interests include substance use disorders, PTSD, and insomnia. She is certified in CPT, CBT-I, and PE for Primary Care. Her hobbies include creative writing, drawing, painting, and exploring the city. She loves trying new restaurants and finding random works of urban art.

Jamie Mathews, Psy.D. (she/her/hers): I am the Director of Psychology Training at JBVAMC and a licensed clinical psychologist. I received my doctoral and master's degrees in Clinical Psychology from the University of Denver, Graduate School of Professional Psychology. I completed a predoctoral internship at the Mental Health Center of Denver and a postdoctoral fellowship in Primary Care Psychology at the San Francisco VAMC. I was then hired as a Primary Care Mental Health Integration (PCMHI) staff psychologist at the Hines VA Hospital, where I worked for nearly eight years until transitioning into my current position at JBVAMC earlier this year. At Hines, I developed PCMHI services in the Infectious Diseases Clinic, the Geriatric Primary Care Clinic, and the Joliet Community Based Outpatient Clinic. I also served as the Lead Innovation Specialist through the VA Innovators Network during its two-year pilot period and gained experience in Human Centered Design and innovation-related capacities. I was also actively involved in training, clinical supervision, and LGBT and minority health programming and outreach initiatives. My professional interests and activities include clinical supervision, training in issues of diversity, health disparities, and minority stress, program development/design thinking, clinical telehealth, integrated care, and interprofessional training. I serve on the Psychology Diversity Committee, the JBVAMC LGBT Care Team, and the Jesse Brown for Black Lives Task Force. Clinically, I practice from a place of cultural humility using an integrative approach to treatment. I am also passionate about addressing issues of self-care, burnout prevention, and work/life balance among trainees and staff. Outside of work, I enjoy spending time with my family, friends (virtually, lately), and I love to travel, cook, sing, and play with my two dogs.

John Mundt, Ph.D.: John Mundt is the psychologist in the hospital's highly acute, crisis-focused intensive outpatient program. He is a graduate of the clinical program at University of North Carolina at Chapel Hill and completed internship at the Ravenswood Community Mental Health Center here in Chicago. Closing in on 30 years at Jesse Brown VA under his belt, John still relishes the adrenaline of crisis and trauma work, and he strives to remain idealistic, energetic, and darkly humorous. Training the next generation of clinicians is a big part of what keeps him going, and a central mission of training for John is to ensure that early-career psychologists still know how to work effectively with traumatized clients even when the evidence-based therapies and the manualized approaches don't work as promised. He believes strongly that psychologists need to be active advocates for social justice, especially when working in an inner-city setting; therapists in the Day Hospital apply this principle daily. In addition to his VA role, John's private work focuses on training law enforcement and attorneys on trauma and PTSD, and he provides civil and criminal forensic evaluation. He is a later-in-life

convert to yoga and daily workouts, and his two teenagers manage to both tax and to preserve his sanity at the same time.

Holly Passi, Psy.D.: Dr. Passi is a licensed clinical psychologist at Jesse Brown VA Medical Center. She is also the program coordinator for the Student Veteran Outreach Program, which aims to provide care coordination, mental health services, and community outreach to Veterans transitioning from the military to college campuses. In this role, she works with campuses across Chicago to connect student Veterans with VA services and assists campuses with creating policies and practices that support student Veteran success. Dr. Passi received her doctorate in clinical psychology from Roosevelt University in 2012 and completed her pre-doctoral internship at Lovell Federal Health Care Center in North Chicago, IL, where she worked with both Veterans and active duty personnel. Her interests include returning Veterans, community-based approaches to foster Veteran integration to civilian life, and integrative, relational approaches to treating posttraumatic stress and moral injury. Dr. Passi has taught doctoral-level psychodynamic psychotherapy courses at Roosevelt University and provides both psychodynamic psychotherapy and clinical supervision in the VA.

Susan Payvar, Ph.D.: Dr. Payvar received her Ph.D. in Clinical Psychology with an emphasis in Health Psychology in 1992 and from Rosalind Franklin University of Medicine and Science. She subsequently completed a one year internship at the Long Beach VA Medical Center in Southern California. She has been at Jesse Brown VA Medical Center since 1992. She has worked in various areas of Health Psychology during her years here including Psycho-oncology, Physical Medicine and Rehabilitation in addition to her primary assignment within the Biofeedback Program. Most recently, her clinical interests and efforts have been in application of Biofeedback/Neurofeedback within a Whole Health Coaching framework. She has also overseen the acquisition of QEEG and Z-score training in recent months consistent with her interest to integrate peripheral biofeedback approaches with brain-based training. She is a Senior Fellow of Biofeedback Certification Institutes of America. Her publications have involved interdisciplinary collaboration and highlight her interests in Health Psychology. Dr. Payvar has 3 children and with 2 of them in college now, there has been more time for watching comedies, daily walks, and reading texts of languages where you write from right to left.

Eric Proescher, Psy.D., MPH: Dr. Proescher is the Mental Health-SERV Psychologist, Program Manager for the Veterans Integration to Academic Leadership (VITAL) initiative, and the Alternate Program Manager for the Transition & Care Management (TCM) Program at the Jesse Brown VA Medical Center in Chicago. He received his doctorate in clinical psychology from the Illinois School of Professional Psychology – Chicago in 1999 and a master of public health degree from the University of Illinois at Chicago in 2016. He has worked in the VA healthcare system since 2005 after serving as an active duty military psychologist and medical service corps officer for U.S. Navy from 2002-2005. He has particular expertise in hypnosis/hypnotherapy, mindfulness meditation, contemporary psychodynamic theory/practice, trauma, Post 9/11 Veteran Readjustment, and integrative approaches to Veteran mental health.

Michael Quant, Ph.D.: Dr. Quant is a VISN 12 Clinical Resource Hub, PCMHI Telehealth Staff Psychologist. He received his Ph.D. from the University of Wisconsin-Milwaukee. His professional interests include integrated health psychology, behavioral medicine, mood and anxiety disorders, and diagnostic assessment. His research interests include treatment outcomes, program evaluation, and complementary and alternative Medicine. His theoretical orientation is cognitive behavioral, and he has been licensed since 2016 in Illinois and Wisconsin.

Alex Schut, Ph.D., ABPP: Dr. Schut is a Clinical Psychologist and Chief of Psychology at the Jesse Brown VAMC. He received his Ph.D. in Clinical Psychology from Pennsylvania State University in 2002, where he conducted research investigating the interaction between technical and relationship factors in effective forms of cognitive-behavioral and psychodynamic psychotherapies. Dr. Schut completed his internship and post-doctoral fellowship at McLean Hospital/Harvard Medical School, where he received focused training in both individual and group cognitive-behavioral therapy, including dialectical behavior therapy (DBT), for patients with complex and severe behavioral health difficulties. As a faculty member, Dr. Schut was involved in program development of the Personality Disorders track of the Behavioral Health Partial Hospital Program and the McLean (Gunderson) Center for the Treatment of Borderline Personality Disorder. After completing intensive training in DBT, Dr. Schut expanded his private practice and served as the Director of the Adult Intensive DBT Day-Treatment Program at Two Brattle Center in Cambridge, MA, where he provided individual and group DBT to adolescent and adult patients, oversaw the administrative and clinical services for enrolled patients, and provided clinical supervision to psychology practicum students, interns and post-doctoral fellows. In 2009 Dr. Schut joined the VA Puget Sound Health Care System as a Primary Care-Mental Health Integration (PCMHI) Psychologist. There he received advanced training in Prolonged Exposure for PTSD, Acceptance and Commitment Therapy for Depression, and Motivational Interviewing, and served as a national consultant for the VA in Motivational Interviewing and Motivational Enhancement Therapy as part of the VA Central Office Initiative on Disseminating Evidence Based Psychotherapies. After spending several years as a Program Manager of three PCMHI programs within Puget Sound HCS, Dr. Schut moved to Illinois to join the Jesse Brown VAMC. He is licensed in Illinois and New York, Board Certified in Clinical Psychology, and a Clinical Assistant Professor in the Department of Psychiatry at the University of Illinois at Chicago.

Kathryn Smagur, Ph.D.: I am a general mental health psychologist in the VISN 12 telehealth hub and work with Veterans primarily in rural areas of Wisconsin, Michigan, and Indiana. My theoretical orientation integrates cognitive behavioral theory, attachment theory, and feminist theory. I am a consultant for the VA national CBT for depression training program. My professional interests include interpersonal trauma, PTSD and other trauma-related disorders, issues related to social justice and diversity, as well as training and supervision. I earned my PhD in Clinical Psychology with a specialization in Women & Gender Studies from Michigan State University. I completed my predoctoral internship in general mental health at the Hampton VA and my postdoctoral fellowship in women's mental health and PTSD at the Ann Arbor VA. When I'm not working as a psychologist,

I enjoy watching Chicago sports (go White Sox!), cross stitching and other craft projects, and exploring new restaurants and cuisines around the city.

Rollin Socha, Psy.D.: In 2020, Dr. Socha begins his 10th year at JB. He previously completed an internship at North Chicago VAMC, as well as an externship at the Westside VA (JB), and then spent a couple years at the Aleda E. Lutz VA in Saginaw, MI. Dr. Socha received his Doctor of Clinical Psychology Degree from The Illinois School of Professional Psychology. He also holds a B.S. in Chemical and Petroleum-Refining Engineering from The Colorado School of Mines, Golden, CO. Away from VA, Ron is kept quite busy by his three-year-old twins. His wife is also a clinical psychologist, so this keeps him on his toes as well.

Elizabeth Stevens, Ph.D.: Dr. Elizabeth (“Libby”) Stevens is a Graduate Psychologist on the PTSD Clinical Team. She completed her Bachelor’s degree in psychology at the University of Virginia, then completed her graduate training at the University of Illinois at Chicago and her doctoral internship at the VA Puget Sound Health Care System in Seattle, Washington (Seattle VA). She continued on at the Seattle VA for postdoctoral fellowship as the Mental Health Intensive Services Fellow, where she worked in the Intensive Outpatient Program (IOP) and the Psychosocial Rehabilitation and Recovery Center (PRRC), with a focus on treating individuals with complex mental health needs, often including PTSD and suicidal ideation. Her areas of clinical expertise include assessment and evidence-based treatment of PTSD and anxiety disorders, as well as co-occurring mood, sleep, and substance use disorders. Her research interests include improving treatment outcomes, for example, using technology-based interventions (e.g., computerized cognitive bias modification, virtual reality exposure), and transdiagnostic mechanisms that contribute to the development and/or maintenance of anxiety disorders. She enjoys watching movies and musicals with her fiancé and two cats, and trying as many pizza, taco, and coffee shops as she can.

Paulette Stronczek, Ph.D.: I am currently an outpatient psychologist at the ABJ CBOC, part of the JBVA. I specialize in treating people with PTSD. I am a cognitive-behaviorist. I have been trained in PE and CPT. I have been working at the VA for 10 years. Prior to the VA, I worked in university counseling centers. I worked for eight years at Northwestern University’s Counseling and Psychological Services. My first job out of internship was at Iowa State University’s Counseling and Psychological Services where I worked for five years. At the counseling centers, I specialized in the treatment of people with eating disorders and people with PTSD. I also did a great deal of work in the area of outreach and developmental programming, including crisis intervention.

Mariana Tokar, Psy.D.: Dr. Mariana Tokar is a Licensed Clinical Psychologist and the Disruptive Behavior Program Coordinator for Jesse Brown VAMC. She was born in the Ukraine and immigrated to the United States in 1989. She is an alumna of the University of Illinois- Champaign-Urbana and the Chicago School of Professional Psychology. Prior to joining the VA, she completed her internship with and was employed by the State of Wisconsin for as a clinical psychologist. Her role at JBVA allows her to manage the administrative and clinical aspects of prevention and

management of workplace violence across the JBVAMC system. She is invested and committed to the goal of achieving a workplace free from disruptive and violent behaviors while promoting the delivery of safe, effective, Veteran-centered health care. Her role includes developing programs, supporting policies, disseminating and promoting knowledge, skills, and appropriate use of evidence-based, data-driven processes for assessing, mitigating, and managing human behaviors that compromise the safety and effectiveness of the VHA health care workplace. Outside of work, she is busy with her two children, her husband, her two dogs and a bearded dragon.

Rosana Vazquez-Alcaraz, Psy.D.: Rosana Vazquez-Alcaraz completed her doctoral degree from The Chicago School of Professional Psychology with a psychodynamic orientation and a strong emphasis on neuropsychology. During her time at TCSP she served as a fellow for the Center for Latino/a Mental Health. She first became acquainted with the VA during internship at the Montana VA Healthcare System. She returned to Chicago to complete a postdoctoral fellowship in geropsychology at the Lovell Federal Health Care Center. Dr. Vazquez joined the Jesse Brown team in 2018 as the Home Based Primary Care psychologist. In this position she integrates many of her clinical interest by collaborating in interdisciplinary teams, facilitating staff consultation, and working closely with elderly Veteran and their families, while also providing traditional psychotherapy and neuropsychological/capacity evaluations. Dr. Vazquez has received VA evidence based training in chronic pain and problem solving therapy. Outside of work Dr. Vazquez enjoys cooking, assisting her daughters with their art projects and experiments, and home improvement projects. Dr. Vazquez was born in Mexico and has a strong connection to her Mexican identity. Prior to becoming a psychologist she imparted Spanish courses. She enjoys reading magical realism and short stories in Spanish, and her favorite authors are Borges, Garcia Marquez, and Rulfo.

Matthew Waxler, Psy.D.: Dr. Matthew Waxler (“Matthew”) is a psychologist in the VISN 12 telehealth hub. He earned a Bachelor’s degree in business from Indiana University and a Master’s degree in accounting from DePaul University and became a Certified Public Accountant. Approximately 10 years ago, Dr. Waxler embarked on a career change and went on to earn a Doctorate in Clinical Psychology from the Adler School of Professional Psychology where he focused on traumatic stress psychology. Dr. Waxler completed his internship at the Hampton VA Medical Center and a postdoctoral fellowship in posttraumatic stress disorder at the Captain James A. Lovell Federal Healthcare Center. He then worked at the William S. Middleton Memorial Veterans Hospital, Rockford Outpatient Clinic, as a PCT psychologist. Dr. Waxler’s clinical focus is on traumatic stress and it’s cooccurring disorders, and he has specialized in treating male and female survivors of sexual trauma experienced across the lifespan. When Dr. Waxler is not in the office, he spends as much time as he can sailing on Lake Michigan.

Grant White, Psy.D.: Dr. Grant White is the Program Manager for the Addiction Treatment Program (intensive outpatient) at Jesse Brown VA. Dr. White received his Doctorate from The Chicago School of Professional Psychology where he also taught as an Associate Professor for 18 years. Dr. White’s internship was at the former Illinois State Psychiatric Institute. Dr. White has over 30 years-experience working in addictions,

trauma, and with general psychiatric/psychological populations in Chicago area hospitals and Community Mental Health Agencies. Dr. White is a retired U.S. Air Force officer and served for 27 years. In addition to his current work in addictions, Dr. White is invested in issues of diversity and social justice and is currently working on a book on the pervasive nature of racism. In his spare time, he enjoys being with his family, friends, baseball, movies, reading, and trying to learn to play his bass guitar.

Maryanne Williams Psy.D., HSPP, RDDP: Dr. Williams is a licensed clinical psychologist and registered dual diagnosis professional. She attended The College of William & Mary where she received her BA in Psychology. Dr. Williams received her Master's in Counseling Psychology from Northwestern University in 1999 and her doctorate in Clinical Psychology from the Chicago School of Professional Psychology in 2005. Dr. Williams went on to complete a postdoctoral fellowship in Health Psychology with a focus on HIV mental health, primary care and substance abuse. Dr. Williams was previously the Director of Psychology within the Care Program at Mercy Hospital and Medical Center. In 2008 Dr. Williams was honored as a Multicultural Teaching Scholar at the University of Missouri at Columbia, where she taught an introduction to Health Psychology with a focus on HIV/AIDS. Dr. Williams was also an APA – Regional Hope trainer until the program ended earlier in 2015. During her affiliation with APA she trained mental health and medical professionals about the psychosocial aspects of HIV/AIDS. Her trainings included HIV/AIDS and Older Adults, Ethics and Cultural Diversity in Clinical Practice. Dr. Williams has done numerous trainings both locally and nationally on cultural diversity and various aspects of HIV/AIDS. Dr. Williams has also presented her research paper entitled “Buffering Secondary Trauma during HIV/AIDS outreach in South Africa at the American Psychological Association as well as at The International Counseling Psychology Conference. Dr. Williams is also currently adjunct faculty at The Family Institute at Northwestern University's Masters in Counseling Program in their Counseling @Northwestern University online program where she teaches Cultural Diversity.

Michael Wilson, Ph.D.: Dr. Wilson is a clinical neuropsychologist by training with broad clinical interests in the evaluation of psychiatric and neurologic disorders as well as normal personality functioning. His research interests include neurocognitive and personality correlates of substance abuse and health risk behaviors; the functional impact of neurocognitive sequelae of infectious diseases (primarily HIV and Hepatitis C); and neuropsychological underpinnings of externalizing psychiatric disorders. Originally from the Washington, D.C. metropolitan area, Dr. Wilson earned his graduate degree in clinical psychology from the University of Illinois at Chicago in 2016. He subsequently completed a predoctoral internship in neuropsychology/rehabilitation psychology at the Minneapolis VA Polytrauma Rehabilitation Center, and a two-year fellowship in adult and geriatric neuropsychology at the Baltimore VAMC. Dr. Wilson was hired as a staff psychologist at the Adam Benjamin Jr. CBOC in October 2018, and he joined the Jesse Brown VAMC psychology staff in July 2020. He splits his time at Jesse Brown between conducting comprehensive neuropsychological assessments and supervising predoctoral trainees through the Neuropsychology Service; providing outpatient and acute inpatient psychological assessments as part of the interdisciplinary

Psychiatric Assessment Clinic; and completing pre-employment psychological evaluations of VA Police Officer job applicants with Employee Health. In his free time, Dr. Wilson enjoys spending his spare time playing with his wife and miniature pit bull; hiking and swimming around Lake Michigan; learning how to do basic car repairs from his in-laws; listening to audiobooks and podcasts about biopsychology, military history, and sci-fi/fantasy; spending way too much time on pop culture sites analyzing movies and TV shows; and playing video games online w/ his childhood friends who all live too far away to visit regularly. He also spends some of his spare time studying for the written exam for ABPP certification in clinical neuropsychology, which is not nearly as enjoyable.

Fellowship Admissions, Support, and Initial Placement Data

Fellowship Program Admissions

Date Program Tables are updated: 09/30/2020

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on fellowship selection and practicum and academic preparation requirements:

Candidates should be interested in pursuing 1-year postdoctoral programs in psychology aimed at providing interprofessional education (IPE) in the treatment and assessment of post-traumatic stress disorder (PTSD), pain, and substance use disorder (SUD). Candidates should have interests in developing competencies in clinically addressing these diagnoses using empirically based practices (EBPs) and collaborating with non-psychologist healthcare providers over the course of the training year. Candidates should share the goal of emerging from the program fully prepared to independently practice in an interdisciplinary, collaborative care setting in the VHA or elsewhere, with competencies in delivering services using a patient-centered approach.

Describe any other required minimum criteria used to screen applicants:

Applicants must be U.S. citizens who are candidates in (or have completed) an APA-accredited doctoral program in clinical or counseling psychology. They must have completed an APA-accredited internship program and have earned their Ph.D. or Psy.D. prior to the start date of the fellowship. Additional qualifications are established through VA policy and federal regulations.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Fellows (for 2020-2021 fellowship year)	\$51,169	
Annual Stipend/Salary for Half-time Fellows	N/A	
Program provides access to medical insurance for fellow?	Yes	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	No
Coverage of family member(s) available?	Yes	No
Coverage of legally married partner available?	Yes	No
Coverage of domestic partner available?	Yes	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	108	
Hours of Annual Paid Sick Leave	108	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to fellows/residents in excess of personal time off and sick leave?	Yes	No
Other Benefits (please describe): life insurance, public transit subsidy, wellness center, medical library, tort liability coverage, dental and vision insurance		

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Fellowship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2017-2020	
Total # of fellows who were in the 3 cohorts	8	
Total # of fellows who remain in training in the fellowship program	0	
	PD	EP
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center		8
Military health center		
Academic health center		
Other medical center or hospital		
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting		
Not currently employed		
Changed to another field		
Other		
Unknown		

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

Program Point of Contact

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Photo of the Chicago skyline at sunset taken from Lake Michigan

Photo of Jesse Brown VAMC exterior on page 1: <https://www.chicago.va.gov/>
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